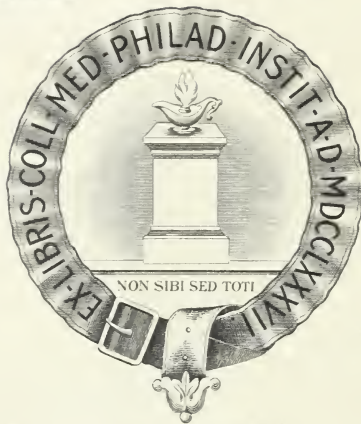


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PLACENTA PRÆVIA.

BY

J. H. SHERMAN, M.D.

Boston, Mass.

MR. EDITOR:—I do not write upon this topic because medical literature is deficient in its teachings concerning it, but rather to reiterate and confirm ideas that have already been expressed better than I can express them. In a subject of such paramount importance, "line upon line and precept upon precept" can do no harm.

Cases of placenta prævia are very rare; statistics show that they occur but once in fifteen to sixteen hundred cases, and because of their infrequency are the subjects of little thought, and physicians are very apt to be caught unprepared for such emergencies.

My first case occurred after ten years of practice. It was in a multipara and partial or lateral at full term. On my arrival at the bedside I found the patient, a large, strong built woman, blanched from loss of blood, lying upon the bed. My attention was called to a chamber mug, a large one, nearly two-thirds filled with what appeared to be clotted blood; though it was supposed to contain some urine, as the patient was sitting upon the vessel urinating when a sudden gush of blood took place, which she supposed to be the "breaking of the waters." The patient complained of being cold and the pulse was feeble. Stimulants were administered, jugs of hot water were ordered to the feet. A slight discharge of light colored fluid was oozing from the vagina, very thin like colored water. The os was dilated to about the size of a quarter of a dollar. After dilating still further, I readily detached the placenta, pushing it back; at the same time strong uterine contractions were excited, which forced the head down against

the os, causing a complete cessation of further hæmorrhage and the labor terminated in the usual way and with a living child. My next case was Mrs. S., aged forty-four years, multipara, previous labors had been natural and easy, had had several miscarriages. She was eight months pregnant, had several attacks of slight hæmorrhage from the sixth month, usually occurring after or while riding in a carriage, apparently from the jolting of the vehicle. She had quite a severe attack of hæmorrhage one day while riding out, which caused her to hasten home and take to her bed. When called to the patient for the first time, immediately after this attack, found she had lost considerable blood, but the hæmorrhage had now ceased. Advised keeping her bed for a week. During this enforced supine position there was no hæmorrhage. She was now allowed to sit up. No sooner had she got into her chair than the blood gushed from her in a perfect torrent. The nurse quickly got her on the bed and sent for me. Found her pale and faint from loss of blood, and a pale almost colorless fluid oozing. Active hæmorrhage had ceased, but there was a constant oozing of thin watery looking fluid, having a faint color. The patient was put into bed, stimulants administered and artificial heat applied to the extremities. On examination per vaginam revealed lateral placenta prævia. The os was not dilated to much extent, but dilatable. Rapid dilatation was commenced; the waters let off, the placenta detached from the uterus and held back with the fingers as the head advanced and acted as a tampon, thereby arresting all flow. On withdrawing the hand the uterus seemed to miss the stimulus the hand imparted and all contractions ceased. After waiting two or three hours for nature to recuperate the patient became very *impatient* to have the case terminated, and I sympathizing with her, was led to do that which I sincerely regret,

and relate it as a warning to others not to do likewise. Knowing that there was abundant accommodation for the birth of the child, and that labor pains only were wanted, decided to give ergot, fluid extract in twenty-drop doses every half hour until the pains came on. About two drachms were thus taken when violent uterine contractions occurred, at shorter and yet shorter intervals, until they were almost continuous. The child was soon ushered into the world, but without life. I have no doubt but that death was the result of long-continued and severe uterine contractions, which had the effect of arresting foetal circulation through the umbilical cord, causing asphyxia. And this leads me to remark that nearly every case of stillbirth I have witnessed has occurred where ergot has been administered. I well remember in my early practice that old women, and particularly old nurses, when present during a case of labor, were very apt to enter their protest against the administration of ergot. They had a well-founded prejudice against it. The ergot contractions are unlike those of normal labor in this, that they do not always intermit but become continuous, and herein lies the danger. I think this drug may well be dispensed with in midwifery, or at least until after the child is born.

The above is a brief statement of my experience in placenta prævia, and the conclusion I have arrived at in the conduct of these cases is this: When called to a case of hæmorrhage in a pregnant woman, it is the duty of a physician to ascertain whether it is a case of accidental or unavoidable hæmorrhage, the term unavoidable being applied to cases of placenta prævia. This may be ascertained with approximate accuracy from the history of the case. If unconnected with any bodily injury or mental shock, the presumption is strongly against its being accidental. The stage of pregnancy should be considered, as unavoidable hæmorrhage seldom occurs earlier than the sixth

month. But it will not be safe to rest our diagnosis here; the patient should be examined, and if the os is sufficiently dilated or dilatable, the touch will reveal the placenta as a soft substance, but not easily broken up like a clot, covering or partly occluding the os. Having diagnosed placenta prævia, would not stop to look for the homœopathic *similimum* nor the allopathic hæmostatic, but tampon the vagina at once either with the colpeurinter, the raw cotton or sponges, sustaining the same with the T bandage. I greatly prefer the colpeurinter inflated with ice water. It is more convenient and more efficient. The tampon should be removed after twenty-four hours, and if the os is sufficiently dilated or dilatable, introduce the hand, making the entrance at the point where the placenta is detached, and proceed to turn. Should it be a case of central instead of lateral placenta prævia, would carry the hand directly through it. When once the hand is introduced it must not be withdrawn until turning is accomplished, as frightful if not fatal hæmorrhage would be likely to result. In case the head has descended into the pelvic excavation, or has escaped through the os, turning is inadmissible and delivery by the forceps is the correct thing to do. Finally, in all cases of uterine hæmorrhage it is necessary to empty the uterus.

PHIMOSIS AND ITS TREATMENT.

BY

M. A. BOSTWICK MOUNT, M.D.

Read before The New York County Homœopathic Medical Society, November 8, 1882.

If a practising physician can be allowed to have any delicacy of feeling as to the subject of a paper, I confess I feel a little sensitive; but the subject of Phimosis has been so constantly before me in the numerous sufferers brought for examination and operation that I have come to look upon that condition as much more com-

mon than is generally supposed, and one frequently overlooked by physicians, sometimes from thoughtlessness or from a feeling of false modesty, and with some I am sorry to say, from a lack of ability to operate themselves and an indisposition to throw business into other hands.

Every case that I diagnosed had been treated from one to five years by other physicians, and not one had ever intimated the necessity of an operation.

It is particularly on this account that I bring the subject before the Society. I know of cases needing attention, but the parents object on the ground of having good physicians attending their families, who have examined, but did not *say* there was any trouble of that kind.

I shall not undertake to give a description of phimosis, as you are all familiar with this subject.

I have found all the different forms, the complete, incomplete, permanent and temporary.

The permanent may be congenital or acquired. All the cases I have had under my observation, with the exception of three, have been acquired, with either complete or partial adhesions in every case.

My method of operating is to anæsthetize the patient, using one-third chloroform to two-thirds ether. I then dissect, with my *fingers only*, the prepuce back from the glans and cleanse all deposits which are always found at the base of the glans. I next draw the prepuce forward and fix it between the blades of a common dressing forceps placed directly before the glans in a nearly perpendicular position, and held by an assistant, holding the portion of the prepuce which projects beyond the forceps with my left hand, while with my right I make a clear cut downward with the bistoury, following the outer edge of the forceps. I specify the outer edge of the forceps, as I have been told by some surgeons that they had very serious hæmorrhage at times, which I believe must have been

caused by cutting the glans. In my experience I have never met with such an accident or complication. I now remove the forceps and allow the skin that forms the prepuce to draw back, but the portion that covers the glans and adheres always remains over the glans; and for fear of further trouble, in the form of paraphimosis, I divide it back, by the aid of a conductor, to the base of the glans, and cut off any flap-like corners; nicely sponge the parts with *very* hot water, medicated with Calendula.

As I said before, I have never been detained on account of hæmorrhage, but could directly place my stitches, two on either side; this brings the two edges in contact and thus obliterates deformity. I now dress the wound with Vaseline and Calendula, which I prefer to cold water dressing, as it does not adhere nor cause pain on removal of the bandage or dressing.

I will now present some clinical cases, with peculiarities attending them.

My first case, Feb. 1878, I reported to Dr. Carleton, who operated and I assisted. Dr. C. thought there was slight cardiac affection, and advised the use of brandy instead of an anæsthetic. Some delay was caused, by the father of the child fainting. The case proved a grand success; the stitches were removed on the fourth day, and the boy remains well.

The second case, age 16, had suffered from hip disease, but, except the shortening of one limb, was cured, was now passing bloody urine in small quantities every half hour night and day. After some medicinal treatment, I demanded an examination, when he stated that he had never been examined before, though treated by five different physicians. I found an elongation of the prepuce of little over half an inch, and the most complete adhesions, urine dribbling between two raw edges. The operation proved successful. Was walking next day. On the fourth

day I removed the stitches and he was cured.

THIRD CASE.—Patient 7 years old. I invited several female physicians, but as they refused to assist in the operation I had a man to hold him during anæsthetization. There was some trouble to remove the stitches which I had to do when he was asleep at night, the father and uncle holding him. The whole cure took about two weeks.

FOURTH CASE.—22 months old, a cross, crying, sleepless child from birth. Congenital phimosis. Urine drawn by catheter twice by Dr. H.—and yet no hint as to this trouble. Dr. Clemence Lozier assisted me in this case. The only peculiarity was having to anæsthetize the child to remove the stitches. This case was highly satisfactory as the child commenced to improve from the very day of the operation.

FIFTH CASE.—A very interesting one, child three years old. I had some two months previously diagnosed its condition and stated that if it should have any other serious sickness it would be complicated on account of this condition of phimosis. Two months later I was sent for; the child had been knocked down by a vendor's horse and the wagon wheel had passed over both legs just above the ankle; the bones were not broken, but only flattened; the second day after this he could not urinate and in spite of all I could do I could not bring the water away. The prepuce was so long and so adherent that I could not find the urethra, and I found it impossible to use the catheter without an anæsthetic. So I concluded to operate for phimosis and then use the catheter. As soon as I dissected the prepuce back the urine flowed freely. I operated on a Thursday, August, 1880, at 8 A. M. I saw him next day at noon, and Sunday evening. At this visit I found the child had been cross all day and feverish. He was then lying on the floor with a diaper on, so pinned up as to preclude all air, and the penis swol-

len to about the size of a six-ounce bottle; scrotum about as large as my two fists, of a dark purple color. Odor putrid. I immediately removed the stitches and applied a flaxseed poultice with a drop of carbolic acid and gave *Apis* 30 every half hour. He commenced to improve at once, and in three weeks from the time of the accident his general health had so improved by the relief from the constant nervous strain produced by the adhesion of the prepuce to the glans that it was difficult to perceive that anything had happened to him.

SIXTH CASE.—The mother brought the child to the Dispensary connected with this Institution to confirm my diagnosis. The gentlemen not only confirmed what I had said, but immediately proceeded to operate. Three months after, the father brought the child to me to know if the pieces of silk thread were always to remain. I removed them. Why had the operating surgeon not done so?

SEVENTH CASE.—Age 11. A patient of Dr. Jennie Lozier, who assisted. The case progressed favorably and successfully.

EIGHTH CASE.—Assisted in my office by a Sergeant of Police. Everything satisfactory.

NINTH CASE.—Jan. 1882. Age 10. Scrofulous diathesis; the father walks with crutches in consequence of deformity produced by hip disease, and the mother a cripple from rheumatism. The patient seemed like a drooling idiot, articulation defective, chronic sore throat and constant desire to urinate. I put him on Merc. corr. 30 trit. for a week with slight improvement. Assisted by Dr. Jennie Lozier I proceeded to operate. The change in this boy was so marked as to create much astonishment among his relatives. His articulation is as much improved as his general health.

CASE TEN.—Dr. Jennie Lozier administered the anæsthetic. The father was so nervous during the operation that I forgot to dissect the prepuce free from the gland, causing much

more irritation, and was obliged to remove the stitches the third day. On the sixth day I was compelled to work the adherent part back, causing the little sufferer much more pain than necessary, so that in future I shall never allow an interested spectator present; still the case was a success.

Cases 11 and 12 were both operated upon within a week of each other the middle of last June. The latter had suffered for three years with a right inguinal hernia. I cannot say that the operation for phimosis cured him, but that combined with rest on his back for two weeks, has so relieved him that he does not wear the truss any more.

During the last three years, in addition to these cases of phimosis, I have diagnosed three cases of hypospadias. I have operated twice on one of these cases to sever the frænum which was contracted and gave great pain when an erection took place during sleep. I have also had two cases of adherent prepuce with no elongation or condition of phimosis.

INFANT MORTALITY AND FEMALE EDUCATION.

BY

MARTIN DESCHERE, M.D.,

New York City.

Read before the N. Y. County Homœopathic Medical Society, Nov. 8, 1882.

It may be a matter of surprise that I should mention female education in relation to infant mortality; but female non-education should be placed among the *causes* of infant mortality.

To be more precise, let me say that I mean the school education of our girls at the age of thirteen and above, which is, in my opinion, not carried on in the right direction to fit them for their future vocation as mothers.

Dr. E. H. Clarke, late Professor at Harvard College, in his excellent book on "Sex in Education," says:

"The physiological motto is, edu-

cate a man for manhood, a woman for womanhood, both for humanity. In this lies the hope of the race."

And the quintessence of womanhood is *motherhood*.

But the physician's daily experience shows to him the greatest deficiency on this very point.

Called to a sick baby we hear the queerest stories in regard to anamnesis, and just the reverse has been done to what should have been.

All that is covered with the stereotype phrase: "I did not think it would do any harm." And who is the sufferer? Helpless infants in the hands of helpless mothers. Truly the blind leading the blind.

Teach your daughters all arts and sciences. Teach them Algebra, Geometry, Chemistry, Physics, Astronomy, and what else; but teach them also how to take care of the infant.

We know that mortality in infancy is greatest among the poorer and laboring classes. Why?

Crowded living is one reason. This can be remedied by improving and facilitating the means of communication, and building small houses in the suburbs of cities, instead of tenement houses in their centres.

Want of proper food and clothing is another reason. But this is not so frequent as might be supposed. Still where poverty is so great that the things most needed are wanting, public charity must do its work, and does it.

A great reason for infant mortality among the poor and laboring classes, however, is *ignorance* of the young mothers. You may call it want of experience; but if such experience must be bought by the life of her child, the mother pays too highly.

True, we find many ignorant and inexperienced mothers in the higher spheres of society. But the rich can consult her family physician daily; she can employ experienced nurses, and her better mode of living is in favor of her child.

Ignorance, therefore, is so much more pernicious, where such luxuries are out of the question. Ignorance

of the mother directly induces diseased conditions in the child in many ways.

Unknowingly she will expose herself to changeable temperatures with improper clothing, during the period of lactation.

She will use improper food herself.

She will commit many an error in regard to bathing the child.

And if artificial feeding is necessary, the grossest mistakes are made.

Thus you have the roots of bronchitis, pneumonia, gastro-enteritis, entero-colitis, marasmus and cholera infantum.

We all know how just such diseases sweep among our poor and laboring classes. And from my experience with thousands of those unfortunate little creatures, I can say that most fault lies with the ignorance, prejudice and superstition of the mothers.

This can only be avoided by *proper school education*. There especially *the Physiology and Hygiene of Infancy* should be taught.

It is not sufficient to have works on domestic practice teaching those things. The ones that need them most read them least.

It should be made compulsory to every girl before she leaves school to pass an examination about the proper management of a child in health, just as she has to pass an examination in reading and writing, and we would have smaller death-rates in early life. "Educate the woman for womanhood. In this lies the hope of the race."

Hahnemann places at the head of his Organon the paragraph:

"The physician's first and highest calling is to make sick people well." I should like to put one ahead of that by saying: "The physician's first and highest calling is to protect people from becoming sick."

Health of body and mind are the people's sacred property. It is our duty, as the knowing ones, to teach them how to preserve it. We have to begin at the infant, for the infant is the father of the man.

May I therefore ask the Society to give this matter an earnest thought, and act in the proper place by communicating with the Board of Education of this city?

TOXICOLOGICAL ACTION AND THERAPEUTIC USES OF KALI CARBONICUM AND NATRUM CARBONICUM.

(Translated from the French of DR. P. JOUSSET.)

TOXICOLOGY.—*Acute poisoning from very large doses.*—These substances act in the same manner as acids, and their corrosive actions on the mouth, stomach and œsophagus constitute the principal symptoms of poisoning by them.

The symptoms of poisoning begin, immediately after the injection of the alkali, with a sensation of burning and oppression in the mouth, œsophagus, and stomach. The pain is excruciating; it is accompanied with nausea and vomiting, followed by colic and frequent sanguinolent stools, intense hiccup, anxiety, trembling of limbs, and actual convulsions in children. A general coldness extends all over the body, and death occurs after a few hours. But most often the patient recovers from the primary accidents, and succumbs, at the end of a few months, to the consequences of gastritis and inanition caused by the contraction of the stomach.

Lesions:—In acute cases a sort of soft gangrene and diffuse softening are observed not only in the mucous membrane, but in all the tunics of the stomach. When death has been more slow we find in the stomach ulcerations with a lardaceous condition of its walls, and constriction of the œsophagus. (Tardieu.)

When the alkaline carbonates are continued for a long time, in non-caustic doses, they produce slow poisoning. They impoverish the blood, that is to say, diminish the red globules, increase the leucocysts or white corpuscles as well as the serum. The color of the blood be-

comes changed like the juice of cherries, and the clots lose their firmness and normal elasticity. (Löffler.)

The urine is less acid, and if the dose is sufficiently large, it becomes alkaline, and in that case is secreted in greater abundance. The urea diminishes progressively and falls to 23 in 100. From carbonate of potash, this diminution in the quantity of urea continues even a few days after the experiment (Rabuteau).

The temperature falls by a few decimals of a degree, and the pulse becomes soft and feeble.

There exist pallor, feebleness, and bodily and intellectual languor. The secretion of the gastric juice is diminished; which explains the loss of appetite. The bronchial mucus is augmented and made fluid, and this with the property, recognized by Virchow, as belonging to these alkalies, to excite the vibratile ciliated epithelia of the bronchi, explains the favorable action of these salts in the catarrhal affections of the bronchial tubes.

The pathogeneses of *Kali Carbonicum* and of *Natrum Carbonicum* are contained in the *Chronic Diseases* of Hahnemann, and they constitute the largest and obscurest of studies in the whole materia medica. On the other hand, it is a fact that these medicines, especially the first, have been very rarely used, and the clinical experience is as poor on this point as the pathogenesis seems rich. Richard Hughes has only devoted a few lines to these two medicines, and has treated very severely the work of Hahnemann. "If we are to believe," says he, "this pathogenesis (*i. e.* of *kali carbonicum*), we must credit *Kali Carbonicum* with being homœopathic to most of the ills that flesh is heir to" and later on, "*Natrum Carbonicum* is one of those puzzles with which the volumes of the *Chronic Diseases* abound."

On the other hand, in the allopathic school, the experimentation is obscured by chemical prejudices. Thus it explains the opposite action

of the alkalies on digestion and on nutrition according as the dose is feeble or strong, because in the first case the alkalies are transformed into chlorides in the stomach in contact with the hydrochloric acid of the gastric juice. "Thereto administer the alkalies in small doses is to administer the chlorides." (Rabuteau). Supposing that the alkalies are transformed in reality into chlorides, by the aid of the hydrochloric acid of the economy, it does not follow that we therefore administer the chlorides. We do not render the organism richer than chlorides. We merely take its hydrochloric acid; but by the fact, that we administer to it potash and soda, and in admitting that they are metamorphosed into chlorides of potash and soda, the economy is not the less alkalized, if I may say so.

THERAPEUTICS.—The *Carbonates of Potassium and Sodium* are useful in the following affections: gout, gravel, diabetes, dyspepsia, liver complaints, chronic bronchitis, cutaneous affections, and scorbutus. Their action is doubtful in pneumonia and in acute articular rheumatism.

Gout, Gravel and Diabetes.—The alkalies render the urine alkaline, excite the secretion of urine, and cause the sand and gravel of uric acid to disappear by means of a purely chemical action, which we might reproduce in a test tube. The uric acid is transformed into a soluble urate of sodium. This is a palliative action, and it might disappear at the end of 24 hours.

Kali Carbonicum produces thirst, voracity, excessive weakness and daily somnolence carried to such an extent that the patient falls asleep while eating. These symptoms explain its employment in *diabetes*.

It also induces pain in the articulations and muscles.

These articular pains are either shooting or tearing, and are produced in the hips, knees, wrists, and articulations of the feet.

The muscular pains are tearing

pains in the muscles of the legs, of the loins (*lumbago*), of the neck and nape of the neck (*torticollis*).

All these symptoms are aggravated during rest. They are stronger towards three in the morning, obliging the patient to get up from bed. They become more or less calmed during motion.

Natrum Carbonicum produces diuresis in a more marked degree. Hahnemann calls attention to it in nocturnal incontinence of urine; the thirst, the continual dryness of the mouth, lips and tongue, the voracious appetite, the emaciation, the excessive weakness, and the somnolence justify the employment of the medicine in diabetes.

The tearing and shooting pains produced by carbonate of sodium in the articulations and in the muscles have nothing to distinguish them from those produced by the carbonate of potassium.

Shall we conclude from these data that the alkalies constitute a curative treatment in *gout* and *diabetes*? Certainly not; in large doses, these medicines are only palliatives, and if they have effected a few permanent cures it is when they have been administered in the shape of alkaline waters such as Vals, Vichy, Eps, Royat, Pougues, etc. It is right to attribute the cure to the chlorides, the arsenic, and the other substances which those waters contain.

With regard to homœopathic therapeutics, it has not furnished us any information on this point, because these medicines are rarely employed by the pupils of Hahnemann.

Affection of the liver, and dyspepsia.—The treatment of dyspepsia, and affections of the liver by the alkaline waters is classical. Do the *Kali* and *Natrum carbonicum* offer in their pathogeneses any justification for their employment in those affection?

We find in the history of *Kali carbonicum*, risings and acid regurgitations from the stomach, nausea, distaste for food, and also vomiting of food, acids, and bile. The heavi-

ness in the stomach is very marked; it is accompanied by dyspnœa and great depression of spirits. The stomach seems to be full of water.

The pain in the stomach is especially spasmodic and constrictive, with pressing in the throat, embarrassment of the respiration, anxiety, and perspiration. They are relieved by eructations, and sometimes by walking.

Hahnemann also noticed the following symptoms of *Natrum Carbonicum*: throbbing in the epigastric region, shooting and burning in the stomach, somnolence after and also during a meal. This last medicine however presents nothing special in its gastric symptoms.

Scorbutus.—Hammont relates the history of several cases of scurvy cured by the bitartrate of potash; and Garrod, guided by a chemical theory, recommends strongly the potash salts in the treatment of scurvy. The action of the alkalies on the globules of the blood explains sufficiently this curative action, without the necessity of having recourse to the chemical explanation. The alkalies in higher doses dissolve the blood globules. The law of similitude tells us that they should reconstitute them in small doses. The excessive feebleness and frequent faintings related in the pathogeneses of *Kali* and *Natrum carbonicum* are most homœopathic to scorbutus.

Chronic Catarrh of the Bronchi.—The two schools agree in regarding the alkalies as medicines most favorable in the treatment of chronic bronchial catarrh. The property of these medicines to excite an abundant secretion from the bronchial mucous tracts, justifies their employment in the homœopathic treatment of chronic bronchitis.

The pathogeneses of Hahnemann contains the following symptoms which have relation to this affection: viz., abundant coryza, hoarseness, cough from titillation in the larynx, morning cough with expectoration.

Cutaneous Affections.—Eczema

psoriasis, and the majority of cutaneous affections of a gouty nature are favorably modified in places where alkaline waters exist. In this action due to the alkalies or to the *Arsenic* contained in all these waters? Here are the symptoms that furnish the pathogenesis of carbonate of potassium and sodium; lancinating and burning pruritus, urticarious, squamous and eczematous eruptions (*Kali carbonicum*). The eruptions of *Natrum carbonicum* have more resemblance to eczema, pruritus, and vesicular eruptions upon a red basis with smarting itching. The eruptions exude a purulent liquid. Here is a symptom which bears relation to *Tourniole*, involving "vesicle at the tips of all the fingers and toes, as after a burn involving the nails all round."

Pneumonia and Phlegmasiæ.—When to employ the alkalies in the treatment of *Phlegmasiæ*? It is purely a theory, and rests on the properties that these medicines have of impoverishing the blood, of producing anæmia, and of retarding oxidation. —*L' Art Médical*.

TREATMENT OF DISEASES OF THE SKIN.

Translated from the French of Dr. P. Jousset, Continued from page 318.

F.—IMPETIGO.

We have seen, when treating of Eczema, that impetigo is one stage of this affection, and we have indicated the medicines which are suitable for it, viz, *Dulcamara*, *Viola tricolor*, *Rhus*, *Arsenic*. It is therefore useless to repeat the very precise signs which we have already given for the selection.

G.—PEMPHIGUS.

This affection, characterized by the formation of bullæ full of serosity to which succeeds shortly a purulent liquid, presents an acute form of great benignity common among young people, and a cachectic *chronic form* coming on in old people, and

may terminate in death. *Cantharis*, *Rhus*, *Ranunculus bulb.*, *Arsen.* and *Lach.* are the principal medicines.

(a) *Cantharis*.—Pemphigus presents a very exact image of the lesion produced by the external application of Cantharides. This medicine is also the first indicated in the treatment of acute pemphigus.

(b) *Rhus tox.* produces rather vesicles than bullæ. However it is recommended by most homœopathic physicians in the treatment of pemphigus.

(c) *Ranunculus bulb.*, has cured pemphigus in new-born children.

(d) *Arsenicum* is the medicine for chronic pemphigus, and all homœopathic physicians agree in considering it very important in such cases.

(e) *Lachesis* which, in its pathogenesis, contains bullæ and blisters, may render service in very rebellious cases of pemphigus in old people.

H.—ECTHYMA AND RUPIA.

Ecthyma is characterized by the production of large isolated pustules, succeeded by a blackish crust, thick and hard, reposing upon an ulcer sometimes deep. *Rupia* differs from ecthyma by the larger size of the pustules, by the form and thickness of the crust which resembles an oyster-shell, and by the greater depth of the ulceration.

These affections are often syphilitic, and in such cases we return to the treatment of the latter disease. As for non-syphilitic ecthyma and rupia they demand *Tartar em.*, *Arsen.*, *Secale cor.*, and *Hydrastis canad.*

(a) *Tartarus emeticus*.—The external application of tartar emetic produces the veritable pustules of ecthyma: Its internal use has also produced this affection. Tartar emetic is then the principal medicine for acute ecthyma. Dose: first triturations.

(b) *Arsenic* is suitable to the treatment of inveterate ecthyma and rupia. It ought to be prescribed for a long time in the first triturations. One would find it well to dress the

ulcers with a powder composed of arsenic and starch in the proportion of 1 to 1000.

(c, a) *Lachesis*.—This venom produces pustules of ecthyma. It is especially indicated when the affection seizes the arms. *Secale* is indicated when the legs are the seat of the disease. Dose: first triturations.

(e) *Hydrastis canad.*—When there are malignant ulcerations is indicated in the treatment of inveterate ecthyma. Dose: internally, first decimal dilution; externally, with glycerine in proportion of 1 to 10.

I. ACNE.

This affection, sometimes very rebellious, is characterized by inflammation of the sebaceous follicles. From the point of view of treatment we distinguish the following: *Acne couperose vel rosacea*, *acne pustulosa*, *acne hypertrophica*, *acne punctata*, *acne varioliformis*, *molluscum*, *acne sebaceæ fluentis*, *acne sebaceæ concreta*.

1. *Acne couperose vel rosacea* is characterized by erythematous inflammation of the skin joined with that of the sebaceous follicles. It is one of the most rebellious forms. *Belladonna*, *Rhus*, *Ruta*, *Veratrum* and *Carbo animalis*, are the principal remedies.

(a, b) *Bella.* and *Rhus* are indicated by their well-known action upon erythema.

(c, d) *Ruta* and *Veratrum* produce congestion of the head, an habitual symptom of *acne rosacea*, and have been mentioned by Jahr as having effected many cures.

(e) *Carbo animalis* ought to be u. when the disease attacks the nose. The doses have scarcely been ascertained, and it is necessary to study each particular case.

Lotions of hot water, with a few drops of tincture of *Arnica* in them, repeated twice a day, reduces the erythematous redness. Perhaps *Hamamelis*, which is so well suited to the treatment of varices, would replace *Arnica* with advantage in cases so common in which *acne rosacea* is complicated with dilatation of the

small vessels of the skin. Specialists recommend the use of mercurial pomades, of the proto-iodide for instance, in the proportion of 75 to 100.

II.—*Acne pustulosa*.—This is ordinary acne, that which one observes in young people, *acneæ juvenilis*. The Iodides and Bromides of Potassium and Sodium, Tartar emetic and Hepar sulphuris are advised.

(a) *Iodide of Potassium* produces an eruption of acne. It is the same with *Bromides of Sodium* and *Potassium*. The law of similitude, therefore, indicates these substances in the treatment of acne. The iodides ought to be preferred in cases where the inflammation is excessive.

(b) *Tartar emetic* is indicated when the pustules of acne attain a great development, and resemble those of small pox. Dr. Gonnard obtained good results with this medicine.

(c) *Hepar sulphuris* is indicated by Kafka. It is likewise prescribed for pustulous affections.

Dose: the first triturations for the three medicines.

III.—*Acne indurata* or *tuberculosa* and *acne hypertrophica*.—These varieties are only degrees of *acne pustulosa*. Frequently hypertrophic acne develops itself from *acne pustulosa*.

Acne indurata is characterized by the development of veritable tubercles which serve as bases to the pustules of acne which leave cicatrices comparable to those of variola.

Acne hypertrophica is characterized by the exaggerated development of tubercles of acne indurata. There result from this development tumors red or violet, soft, furrowed with varicose veins, covered with a greasy coating. These tumors rounded, sometimes pediculated, develop almost exclusively on the nose, and acquire a size which varies from that of cherry-nut to that of a pigeon's egg. This variety of acne is very rebellious; to a certain degree it is incurable.

The *iodides* and *bromides*, internally and externally, are here particularly

indicated. One would find it useful to touch the tumors externally with tincture of iodine.

Thuja is indicated in tumors of hypertrophic acne which are projecting and more or less pediculated. We have not had clinical experience with it, however.

IV.—*Acne punctata*, *acne varioliformis*, and *molluscum*.—*Acne Punctata* is characterized by the retention of sebaceous matter, the dilatation and inflammation of the follicles. Whence we have small tumors of a dark red, hard at the base, presenting a sharp summit, terminated by a black point. This black point is due to the coloration of the sebaceous matter by dust floating in the atmosphere. On pressing the small tumor one can get out the sebaceous matter of a form which roughly imitates a maggot. Microscopists have found in the middle of this sebaceous matter a cryptogam, which they would constitute the parasite of this variety of acne; but subsequent researches have demonstrated that this cryptogam is found in healthy sebaceous matter.

Acne varioliformis, which resembles but little variola, is characterized like the preceding by the retention of sebaceous matter and by the considerable development of the follicles which constitute rounded tumors varying in size from that of a millet seed to that of a cherry, retains the color of the skin, or is a little red, sometimes semi-transparent and resembling in this case only the pimple of variola. These small tumors all present a point white or black, marking the mouth of the follicle, and like the papules of *acne punctata* they may be emptied by pressure. According to Bateman and Hardy *acne varioliformis* should be contagious.

Molluscum is only an exaggeration of *acne varioliformis*. The tumors may acquire the size of a walnut; they have the color of the skin. Sometimes they do not present a white or black point because the duct of the follicle is obliterated; but they

are always constituted by the sebaceous humor.

Jahr indicates *Drosera*, *Acidum nit.*, *Selenium* and *Sulph.* in the treatment of *acne punctata*. *Dros.*, *Nitric ac.*, and *Sulph.* contain this symptom in their pathogenesis: small black points on the face, principally on the nose and chin. But *Selenium* presents only the symptom—greasy skin of the face, which indicates it rather in the treatment of the variety called *acne sebacea fluentis*.

The treatment of these varieties of acne is principally *local* and likewise *surgical*. The evacuation so easy of the sebaceous matter by pressure alone; or by pressure preceded by opening of the cyst, brings on easy cure of these small tumors.

It is found advantageous to use alkaline lotions in *acne punctata* when the eruptions are numerous. Borate of soda, 10 to 15 grammes in 300 grammes of water.

V.—*Acne sebacea fluentis*, *acne sebacea concreta*. The first variety is characterized by an exaggerated secretion of sebaceous humor which renders the skin oily, at the same time it is more red and presents the enlarged orifices of the sebaceous ducts. The part of the skin so affected has been compared to that of the orange. This affection occupies by preference the face, and especially the lateral parts of the nose. It is most frequently associated with other varieties of acne.

Acne sebacea concreta.—In this variety, the sebaceous humor secreted in excess, concretes in the form of an adherent crust on the skin. These crusts detach easily by scratching, and constitute a matter analogous to that of wax, and which may be rolled between the fingers. The color of this coating is yellow, sometimes brown, or even quite black. The *acne concreta* exists habitually in the face, but it may attack the hairy scalp, where it may become a cause of alopecia. The oily state of the skin, the consistency of the waxy crusts, and the integrity of the skin

underneath the crusts, always enable us to distinguish acne concreta from eczema, pityriasis and cancrroid.

Bœnninghausen mentions principally, *Bryonia*, *China*, *Natrum muriaticum*, and *Selenium*, the last of which we have already mentioned.

(a) *Bryonia*.—In the materia medica of Hahnemann we find only this symptom corresponding to fluent acne—"the hair of the head is very greasy; on combing the hair the hands become very greasy." *Bryonia* has another symptom pointing to the same morbid condition of the sebaceous follicles—"Perspiration which looked like oil when wiped off, day and night."

Jahr recommends *Bryonia* in fluent acne.

(b) *China*.—I have not found, either in Hahnemann or in Jahr, the least symptom approaching this disease; and I do not know from whence Bœnninghausen has drawn his information.

(c) *Natrum mur.*—This produces crusts in the hairy scalp, with falling off of the hair; the face shines as from grease; it is therefore indicated in the treatment of acne sebacœa.

(a) *Selenium*.—See acne punctata.

In this variety of acne the lotions with borate of soda constitute an important part of the treatment.

VI.—*Local treatment of acne*.—We have already said something about this under each variety. We shall complete this by indicating the uses of mercurial pomades, phenic acid, and lotions with milk of sulphur.

(a) *Mercurial pomades* have been employed in very large doses, and have given, at the cost of great suffering, cures neither definite nor permanent. Grave internal effects may follow this mode of treatment, which is especially pursued in *acne pustulosa*. The most energetic formula is that of Rochard; one part of bichloro-iodide of mercury with eighty of axunge. A pomade with five to twenty centigrammes of calomel in ten grammes of cold cream habitually produces amelioration of *acne rosacea et pustulosa*.

(b) *Phenic acid* has been employed pure to touch the pimples of acne. One employs in the same manner juniper oil and mahogany seed oil. This treatment is very uncertain.

(c) *Milk of sulphur*.—This composition has given me very good results. The following is its composition:

Flowers of sulphur.....	8 grammes.
Pulverized camphor.....	50 centigrs.
Pulverized gum.....	1 gramme.
Rose water and lime water	
each.....	60 grammes.

To be used every evening.

VII.—*Mineral waters in the treatment of acne*.—Sulphurous and alkaline waters have been used, but without any great success.

J.—LICHEN.

This affection, in its simplest form, is characterized by an eruption of red patches, covered over with acuminate papules, agglomerated or scattered. In *Lichen agrius*, vesicles and pustules are found mixed up with papules, so that eczema and lichen are here confounded. These two varieties present after some time a common symptom which is most characteristic, and which has merited for this affection the name of *Lichen*. This is the hypertrophy and considerable roughness of the skin with augmentation of its wrinkles.

I.—*Lichen simplex*.—*Lycopodium* and *Sulphur* are indicated by the papulous eruption, and by the itching with burning. *Lycopodium* is best suitable when the pruritus is very strong in the evening; *Sulphur*, when the same symptom is most pronounced at night and in the morning. Dose: 12th to 30th dil.

II.—*Lichen agrius*.

(a) *Mercurius* is indicated in the beginning during the inflammatory period, "eruption of papules and of vesicles upon a red surface with smarting pain." Dose: 1st dil.

(b) *Arsenic* is the principal remedy for lichen when it has passed into the chronic state.

The medicines of eczema are fre-

quently applicable in the treatment of lichen.

The local treatment is the same as that in eczema.

K.—PRURIGO.

This affection is characterized by isolated papules, without change of color of skin, and habitually carrying on their summits black crusts formed by minute drops of blood which have become dry, and which are due to scratching.

Prurigo presents several varieties: *Prurigo mitis* and *Prurigo ferox*, which are only different degrees of the same affection; *Prurigo senilis* or *pedicularis* caused or kept up by lice; and *Prurigo sans papules* which attacks principally the vulva and the anus.

I.—*Prurigo mitis* or *Formicans* or *Ferox* attacks habitually the limbs. It is essentially a chronic affection.

The principal medicines are: *Sulphur*, *Lycopod.*, *Arsen.*, *Rhus tox.* and *Rumex crispus*.

(a, b) *Sulphur* and *Lycopodium* are indicated by excessive itching. We refer to *lichen* for the indications of these medicaments. Dose: 12th to 30th dil.

(c) *Arsenicum* addresses itself rather to the treatment of the affection than to that of the symptom of itching, and ought to be alternated with *Sulphur* and *Lycopodium*. Dose: from 3d to 12th dil.

(d) *Rhus tox.* has been indicated by Wesselhœft, who reports several cases of cure.

(e) *Rumex crispus* has a special indication: the pruritus is aggravated by cold and relieved by the heat of the bed.

(f) *Local treatment*.—Baths with hydrochloric acid in the proportion of thousand grammes for a bath (bathing tub of wood); baths of marine salt, baths of sea water and analogous lotions with this bath soothe the itching.

(g) *Mineral waters*, baths in the sea and sulphurous waters.

II. *Prurigo senilis*.—It presents for its characteristic the excessively

rapid development of lice in the body. Baths, and above all, the employment of the powder of pyrethrum in the bed and vestments, cause the prompt disappearance of this complication.

III. *Prurigo sine papules*.—Prurigo of the vulva and the anus. This affection which so much torments old women, may lead to onanism and even to nymphomania. Independently of the general treatment of prurigo, there ought to be an energetic local treatment.

Local treatment: Lotions with oil mixed with chloroform in the proportion of one quarter of the latter; with corrosive sublimate in water in the proportion of from ten to twenty-five centigrammes of the former to one hundred grammes of the latter (which should be very hot); cauterization with nitrate of silver. The use of a pomade, containing ten centigrammes of morphine to thirty grammes of axunge, is very much recommended by Bazin. This pomade produces a dressing very agreeable in pruritus. —*L. Art Médical*.

(To be continued.)

NOTES UPON LILY OF THE VALLEY.

BY

H. C. WOOD, M. D.

Since the publication of the paper by Prof. Sée upon the *Convallaria majalis*, a good deal of attention has been attracted by the plant, and there is at present much reason for further trial, and for the hope that the plant will prove a valuable addition to our therapeutic resources. A reference to the United States Dispensatory will show that it has long been known to be a cardiac poison, having been partially investigated many years ago by Russian physicians, and it is now affirmed that it is considerably used in Russia in the treatment of cardiac dropsy. Before the paper of Prof. Sée, I believe, Dr. R. D'Arj, a Russian physician residing in Rome, Mich., wrote enthusi-

astically as to the value of the remedy. He says, "In small doses it is a stimulant to the heart, increasing the frequency of its beats; in larger doses it is a tonic and sedative, lessening the frequency but increasing the energy and regularity of the contractions. In overdoses it is a swift destroyer of life, thoroughly paralyzing the heart. Over digitalis it has a most important advantage in the absence of a cumulative effect, at least so far as personal observations allow me to judge. On the other hand, I have noticed that some patients seem, from idiosyncrasy, unable to endure it even in small doses. Whenever these unpleasant effects—manifested by dyspnoea, faintness, pain at the heart, etc.—become manifest, alcoholic liquors seem to me the promptest antidote. I would, therefore, strongly advise, in every new case, to begin with minimum doses and gradually increase until the desired effect is obtained, which generally takes place very promptly."

Dr. Formad states that in his native country, Roumania, the lily of the valley has been ever since his recollection largely employed as a domestic remedy and also by the profession.—*Medical Times*, Phila.

MANAGEMENT OF LABOR WITH REFERENCE TO THE PREVENTION OF SUBSEQUENT UTERINE DISEASE**

BY

W. E. FOREST, M.D.

New York.

There was an unquestioned relation of cause and effect, said the author, between the puerperal state and uterine diseases. In one-half of the cases of uterine disease the trouble dated from some previous confinement, and it became us, therefore, as obstetricians, to look and see if the responsibility rested in any degree upon us. He would strive first to make his re-

marks practical, and, secondly, to found his statements as far as possible upon anatomical and physiological facts.

Uterine disease as a sequel of labor might arise from two general conditions: first, laceration of the cervix and pelvic tissues; and, secondly, subinvolution of the uterus and vagina with or without laceration. Laceration of the cervix was the first in time as well as in importance. The author then discussed the cause of lacerations and the manner of obviating them, and referred to the writings of Dr. Emmet and Dr. Sinclair, in which it appeared that the most frequent cause of laceration of the cervix was a rapid first stage of labor. Dr. Forest, however, did not believe that a rapid first stage of labor often produces laceration. He referred to statistics in support of his view, and stated that dilatation was a physiological and not a mechanical process: it was really a relaxation rather than a dilatation. The preparation for this process commenced weeks before labor. There might be no more pressure upon the cervix in rapid than in tedious labor, since the cervix gave way or relaxed before the coming head. There was normally a harmony of action between the zones of the uterus in labor, and when this was disturbed by the abnormal nervous condition of the patient it should be restored by the administration of chloral, morphine, etc. Tedious labor, or rather tedious first stage of labor, had been pointed out as only a possible cause, not a most important cause, of laceration. Statistics, however, did not bear out this assumption; on the contrary, it was shown to be a most frequent and important cause. This part of the subject was illustrated by diagrams made from frozen sections of the pelvic organs, going to prove that there were anatomical reasons why tedious labor should predispose to the accident of laceration. The external os did not dilate satisfactorily, the cervix became greatly lengthened and thinned, its natural resiliency was impaired, and

*November meeting of the Academy of Medicine.

after long-continued contraction of the body of the uterus, and pressure by the head, there was great liability to laceration of the cervix, either at the utero-cervical junction or at the os externum. The remedy was evident,—namely, to prevent tedious labor by restoring the harmony of action between the body of the uterus above and the cervix below. The administration of remedies should not be delayed until the patient is worn out. Moderate doses should be given so as not to paralyze the uterus, but so as to regulate nervous action. Gentle digital dilatation of the os was also a very important means of restoring harmony of action between the os externum and the lower uterine zone.

The author believed that the forceps, when used carefully, very seldom caused laceration. Abnormal presentation, and also premature rupture of the membranes, might act as a cause, but they could not be considered in detail on the present occasion.

Laceration having occurred, notwithstanding all our efforts to prevent it, what shall be done to avoid future uterine disease? One important thing to be done was to keep the parts clean by injections of disinfectant solutions. To attempt to keep the lips of the wound in apposition by stitches was hardly to be thought of. He had in a few cases tried the slipping of an elastic band over the cervix, thus bringing the parts together, and the results had justified a further trial of the method.

With regard to subinvolution, Dr. Emmet had stated that he had never treated such a case without there being present also more or less laceration of the cervix. Statistics did not show that laceration of the perineum was a cause of this condition; on the contrary, it seemed that subinvolution occurred less frequently when laceration of the perineum was present, and the author was of the opinion that this apparent paradox might be explained by the fact that stricter cleanliness was then observed. It was

probable that if the laceration extended through the sphincter, or beyond it, involution would be interfered with. Septicæmia is a potent cause of subinvolution, even where it is so mild a case as to give rise to very slight elevation of temperature. Among the causes might also be considered loss of blood, general debility of the nervous system, and too early leaving the bed.

Dr. Beckwith spoke of the importance of always making a careful examination of the uterus and its appendages, and of the vagina, within six weeks after confinement.

Dr. Castle believed that a disparity between the size of the brim of the mother's pelvis and of the head of the child was sometimes the cause of laceration of the cervix instead of rigidity of the os, as was supposed. He believed that the softening which took place in the cervix up to the time of labor was a preparatory process to easy dilatation, and that the oedematous condition of the parts which led to it was therefore normal and desirable. Premature rupture of the bag of waters rendered laceration liable to occur.

Dr. Lee said he had found that in the majority of cases in which the laceration was sufficiently extensive to attract the physician's attention, its origin could be traced to tedious labor, and he believed that the accident took place because of the oedematous or macerated condition of the tissues which was then present. Laceration had occurred very seldom, according to his observation, in cases of rapid labor. He referred to the presence of arterial hæmorrhage as an indication of laceration. The source of the hæmorrhage might be discovered by making an examination with the Sims speculum. As to the treatment of laceration when it was present, he had done the immediate operation for restoration of the parts in two cases. In the first case, that of a primipara, he used silk sutures, but within two days they tore through the tissues, and the result was a complete failure.

The second case was that of a multipara, and the wire suture was used, but the result was the same as in the former case. With regard to the use of the elastic band, he could not understand how it could be kept on the parts. An important reason for hastening a tedious labor had not been mentioned,—viz., the fact that this was the origin of nearly all cases of vesico-vaginal fistula. He fully agreed with the author of the paper as to the manner of hastening tedious labor by the administration of the drugs which tended to restore the nervous system to its normal condition, and by resorting to manual dilatation.

Dr. Lusk, said it was considered a great recommendation of the accoucheur among women if it were said of him that he never lost a case. He thought, however, that in the future the accoucheur's merits would be estimated rather by the health of his patients some time after delivery. There were two classes of cases of rapid labor: one was that in which the patient's nervous system was in such an abnormal condition as to lead her to bear down strongly almost from the beginning of labor, and in such cases bad laceration of the cervix was liable to take place. He did not believe that digital dilatation of the cervix was often justifiable. Instead thereof he used Barnes's dilator, which rendered the cervix simply tense and tended to excite normal uterine pains. Under its use the cervix became soft, regular pains took place, and the dilator was expelled. If found necessary, it could be reinserted. He criticised severely the practice pursued by some accoucheurs of making traction upon the forceps during uterine pain, at which time the tissues were rendered rigid and were therefore in great danger of being ruptured by such a procedure. Traction should always be made during the intervals between pains.

Dr. S. T. Hubbard thought that in the case of the statistics quoted by Dr. Forest an examination of the condition of the pelvic organs should

have been made twenty days after confinement, and then, probably, in many of the cases where laceration had been found at the sixteenth day the wound would have been found to have healed.

THERAPEUTICS OF BARYTA ACETICA AND BARYTA CARBONICA IN DIARRHŒA, DYSENTERY AND CHOLERA.

BARYTA ACETICA.

Constipation.—Constipation following half liquid stool.

Diarrhœa.—1. Soft st., finally becoming like D.

2. Soft granular st. without any difficulty.

3. Involuntary sts.

Before St.—1. Frequent urging.

2. Painful aching in the lumbar region.

3. Creeping coldness over the head and along the thighs.

After St.—1. Renewed urging.

2. Continuance of pain in loins.

Rectum and Anus.—Frequent urging, though st. natural, and number of stools not more than natural.

General Symptoms.—1. He wavers for a long time between opposite resolutions.

2. Very bitter taste with natural taste of the food.

3. Violent, urgent thirst, only allayed by ice in the mouth.

4. Nausea followed by sudden and very copious vomiting of bile.

5. Painful writhing sensation in the stomach when, on eating, the food passes into it, as if it had to force its way through sore places.

6. Sore pain in the pit of the stomach, on external pressure and on breathing.

7. Rumbling and gurgling in the abd. Sensation in abd. as if D. would ensue.

8. Gripping extending through whole abd. from above downwards.

9. Increased discharge of urine. Clear and abundant urine.

10. Frequent and copious urinat-

ing in the morning, fasting, without having drunk anything.

11. Great deal of mucus suspended in the urine.

12. Almost complete incontinence of urine and fæces.

13. Lies on his back in bed. The paralysis extends rapidly, affecting first the abdominal muscles, next those of the chest, then those of the neck, lastly the sphincters of the bladder and rectum.

BARYTA CARBONICA.

Constipation.—1. St. very hard, difficult to pass, with pain in the rectum and bloody mucus.

2. Tough st. Hard st., with burning in the anus.

3. St., first hard, knotty, then liquid.

Diarrhœa.—1. Urgent desire for st.; she cannot retain the st. because it is forced out rapidly.

2. Diarrhœic st. D. at night, with hæmorrhoidal pains.

3. D. towards morning, preceded by pain in abd.; later in the day, suddenly, yellow st., with mucus and blood.

4. Soft st., with very urgent desire (previously there had been a hard one), followed by burning and a pressing asunder in the rectum.

5. Light-colored st.

6. Passage of round worms or small pin-worms with the st.

7. Blood with st.

8. Frequent, small sts., with feeling of great relief.

Dysentery.—1. Bloody mucus with hard st.

2. Mucus and blood with diarrhœic, yellow st.

Aggravation.—1. Night.

2. Towards morning.

Before St.—1. Pain in abd. Rendering pains in intestines.

2. Feeling of fulness above the pubes, as though everything were stopped, and the abd. would burst.

During St.—1. Pain in rectum.

2. Burning in anus.

3. Hæmorrhoidal pains.

4. Feeling of great relief.

After St.—Burning and a pressing asunder in rectum.

Rectum and anus.—1. Sore pain and burning around anus. Painful soreness of anus as if excoriated.

2. Biting in anus. Crawling in anus. Round and pin worms in rectum.

3. Frequent passage of blood from anus, with distension of abd.

4. Hæmorrhoids of the size of a hazel-nut, with smarting and sticking pains.

5. Protrusion of hæmorrhoids both during stool and urination.

6. Sticking pains in the rectum.

General Symptoms.—1. Great irresolution about small things. Great forgetfulness.

2. Children do not desire to play; are inattentive to study; afraid of men (strangers).

3. Vertigo, with headache and nausea on stooping.

4. Pressive sticking in the vertex, extending through the whole head, whenever he stands in the sun.

5. Tongue much coated.

6. The whole mouth becomes filled with inflamed vesicles, especially the palate and inside of the cheeks.

7. Much trouble with tough phlegm, which has no end, and makes the mouth dry and occasions a kind of thirst.

8. Foul, bitter taste and smell in the mouth.

9. Inflammation and suppuration of the tonsils.

10. Hunger and thirst insatiable.

11. Hunger without appetite.

12. Aversion to sweets and fruits.

13. Eructations from afternoon far into the night preventing sleep. Forcible eructations, with pressure in the stomach, as if a stone rose and fell down again. Empty eructations wake him from sleep in the morning.

14. Eructations sweetish or of bitter fluid. Rancid, sour eructations after dinner.

15. Violent hiccough in the forenoon and after eating.

16. Nausea in the morning, with palpitation and anxiety.

17. Frequent vomiting of mucus.

18. Pressure in the stomach as from a stone, relieved by eructations.

19. Sensitiveness in the pit of the stomach; on stepping hard he feels every step painful in it.

20. Hard, tense abdomen.

21. Painful distention of abd.

22. Offensive flatus.

23. After dinner, much desire to urinate.

24. After urinating, renewed desire therefor; she cannot retain the urine, it passes so rapidly.

25. The urine, clear on passing, soon becomes cloudy. Yellow sediment in the urine.

26. Several swollen glands in the neck and occiput.

27. Weary, as with sleepy eyes, during the whole day.

28. After eating, so tired that she cannot raise the hands; she is too weak to masticate.

REMARKS:—Both the acetate and the carbonate of baryta have characteristic symptoms and symptoms peculiar to each, and therefore likely to be useful in cases which present analogous symptoms. As Dr. Bell has well remarked that "Baryta carb. will occasionally prove useful in the diarrhœa of scrofulous children. The concomitant symptoms and the appearance of the child are more characteristic than the stool." According to Hahnenmann the Carbonate of Baryta may be used in constipation with hard, knotty stool, or with hard, insufficient stool, especially, we should add, if occurring in the paralytic, in which case bar. acet. would be more suitable.—*Calcutta Jour. of Med.*

NEW YORK HOMŒOPATHIC MEDICAL SOCIETY OF N. Y. COUNTY.

(Meeting of Nov. 8th. 1882.)

Dr. E. Carleton, Jr., presided. The Bureau of Gynæcology and Pædology presented a paper on Phimosis,* by M. A. Bostwick-Mount, M. D.

* Printed in this issue.

Dr. Cowl spoke of the various methods for rapid dilatation of the uterus, and the conditions for which it seemed to be necessary, and gave an outline of the method he thought preferable. "We may say uterine dilatations are required for diagnosis and for treatment, in the first instance where there is hæmorrhage which seems to be unaccountable and not amenable to remedies, a necessity often proved by Simpson and others since his time. Also when there is a tumor within the uterus which does not extend beyond the internal os, and in certain morbid conditions of the internal surface which could not be otherwise detected.

It has been used for the relief of so-called obstructive dysmenorrhœa, for the removal of the remnants of placenta, and of membranes where abortion has taken place before a placenta has formed.

The methods of dilatation are various and very distinct. Perhaps the simplest is by the use of a graduated series of sounds used by Mackintosh, Emmett, Simpson, etc., first using a small size, then a larger one, and up until the finger can be used.

Afterwards Simpson devised the method of first making the canal larger by cutting. This is now to a considerable extent discarded by prominent gynæcologists of to-day. Perhaps the latest improvement has been made by Hencks of this city, who has devised a set of six graduated sounds from about the size of a number eight steel sound up to about an eighteen. They are made conical and are on each end of a shaft or handle. Theoretically, they are perfect; but, practically, the difficulty in their use is in holding the uterus steady, the pressure necessary to introduce them pushing the uterus up into the pelvis, which is one of the most frequent causes of inflammation and sometimes of shock. The use of a tenaculum is dangerous to the tissues of the uterus.

I have tried the dilator invented by

Holdsworth, which is composed of a rubber bulb, which is expanded by means of air or water; but the trouble with this was that the bulb being larger than the uterus, the portion outside of the uterus not having the pressure on it which was exerted on the portion in the uterus, expanded most, making an imperfect dilatation.

I then experimented with a number of steel branched dilators, but was dissatisfied, there being no means of keeping the advantage gained. The curve in some of them is bad; others are made so blunt they cannot be inserted into the uterus; while the slender ones are made so that the uterus pinches the top ends together, and presses the instrument out. Sim's instrument is too heavy, and is very little used; Emmett's instrument has three points, is flexible, but there is no means of keeping the advantage gained by them.

After considerable experimenting and study, and taking an idea put forward by a gentleman named Bishop, suggesting a wedge as a separator of the blades, I devised a dilator with three blades opened by a wedge; but I had to contend against the spring of the three blades, which mislead as to the amount of force used on the tissues. I now have the blades made straight, with a slight curve in the shaft for easy introduction, and so that when it is open I can look through the dilatation and manipulate the internal surface of the uterus. The wedge which separates the blades is attached to the shaft of the instrument.

I do not believe that rapid dilatation of the uterus for the purpose of diagnosis, where it has to be dilated perhaps to the size of three-quarters of an inch at one sitting, so that the finger can be used, is safe, as inflammation is apt to be induced. I believe in dilating by means of a steel-branched dilator up to a certain size, then introducing between the blades a tent with a pair of forceps, and holding it there while the blades of

the dilator are removed. The tent to remain twelve to fourteen hours.

In using a series of tents to dilate the uterus where considerable diameter of the internal os is needed, unless it has originally a diameter of three-sixteenths of an inch, two or three sittings will be necessary.

If the uterus is dilated rapidly it is more apt to soon contract on the finger and benumb it.

With respect to tents, I am in favor of what is called the Tubular, made from pressed Southern wood. Have never used a sponge tent, but it is recorded that a prominent gynecologist lost four cases from their use. In regard to the Laminariæ tents, I saw one which had been introduced into a uterus and allowed to remain. On attempting to remove it the string pulled out, and it receded into the uterus and was within the internal os, and when it was finally removed, although perfectly smooth when inserted, it had then a sharp, rough edge, which lacerated the mucous membrane and induced hæmorrhage. These tents being flat are more easily compressed.

I have experimented with the different forms of tents in water; the sponge tent filled with water in about ten minutes; the Tubular in about two hours; and the Laminariæ are not so apt to produce septicæmia as those of sponge; being close-grained they do not allow free circulation of fluids.

Dr. Deschere read a paper on "Female Education" (printed elsewhere).

A lady physician said she believed in many respects men need education for the duties of fatherhood as women for motherhood. She had seen the atmosphere of tenement houses, and houses of a richer class, poisoned by the fumes of tobacco.

Dr. McMurray made a few remarks on the same subject, after which the meeting adjourned.

DYSMENORRHEA CURED BY TAREN-TULA.—Miss A. S., aged 17, mens-

truates irregularly, thin but tall. Has been suffering from irregular and painful menstruation during last 19 months. She is very cross and does not answer any one civilly. She is dissatisfied with her elder sister and mother. The pain, which she endures during her menses, is in the lumbar and left iliac regions. The lumbar pain commences with the appearance of the menses but the iliac pain commences three or four days before that, and lasts a week after it. The flow is profuse and too early, appearing every fortnight or once in 20 days. The discharge is blackish. There is itching of the vulva after the stoppage of the menses. Examination *per vaginam* produced intolerable pain when the left ovary was made to roll between the tips of the two examining fingers (external and internal). The right one similarly held did not indicate any pain whatever.

I saw her on the 19th Feb. 1882, and prescribed *Tarentula* 6, the symptoms of which corresponded closely with those of my patient excepting the ovarian pain and the tenderness of the ovary. Though in the provings of *Tarentula* no mention is made of left iliac pain and tenderness of the left ovary, yet guided by the itching of the vulva, crossness, dissatisfaction and lumbar pain I prescribed it. She took *Tarentula* only during her menses. No medicine was given during the intermenstrual period because I thought she was cured of her menstrual disorder, inasmuch as the iliac pain and tenderness of the ovary which used to last a week after the stoppage of the menses disappeared after the first day's use of the medicine. Her next period was a regular and painless one. Up to this time she is menstruating regularly and painlessly.—*Calcutta Jour. of Med.*

accompanied with much pain, vomiting of fecaloid matter, hiccough continuing in spite of treatment for eight days, finally relieved by kneading and malaxation of the belly. The manipulation was very painful. Some instants after, violent colic came on, and gurglings, the bowels shortly afterwards moved, and the patient recovered. Dr. Bitterlin mentions a second case in which he was called in consultation, where the same treatment was followed by the same happy results.—*L'Union Médical.*

CORRESPONDENCE.

TO THE EDITORS OF THE AMERICAN HOMŒOPATH.

DEAR EDITOR:—In perusing some articles in the last numbers of your journal, I see there are some amongst our colleagues who, judging from their writings, still feel somewhat nervous in regard to the future of Homœopathy.

For my part I think this to be entirely without cause. The prospects for the future of Homœopathy have never been so brilliant as at the present time.

Fifty years ago a spark, in the form of Dr. Gray of New York, started the homœopathic conflagration in this country, and if all the allopathic fire departments and reservoirs of abuse, ridicule and bitter hatred have not contributed one iota thus far to extinguish it, but have only served to increase its rapid spread, need we now be alarmed at the one gobletfull of cold water in the form of a Dr. Palmer, who seems to employ his spare time in absurd denunciations of that which he does not understand, rather than in honest investigations, thus betraying his ignorance, and showing his very crude allopathic ideas on the subject.

We need no journal to make the people acquainted with homœopathy.

INTESTINAL OBSTRUCTION RELIEVED BY MASSAGE.—Dr. Bitterlin reports a case of intestinal occlusion

The public in general have but little time to read scientific journals, and all they require is real facts, and this is just what they are getting from us every day, and through which we are converting them so rapidly to our school.

Let Dr. Palmer and his retinue keep on figuring and figuring how many Atlantic Oceans it would take to run up such and such a dilution, etc. They have plenty of spare time to do it, while we are earnestly studying our *Materia Medica*, and curing and converting their patients, not by wise allopathic figuring or base allopathic abuse, but by removing their diseases in a thorough, gentle and speedy manner in accordance with the natural law of therapeutics, *Similia similibus curantur*.

Just in the same way as water will always find its level, intelligent people will always grasp the truth in the end; therefore, instead of trying to convert allopaths to our school, I think it more desirable to let them alone, for the most intelligent of them have come, are coming, and will come to our ranks, as we can see by pointing to the list of our principal authors on homœopathic literature, and only the narrow-minded ones who are not apt to investigate or understand new discoveries will keep aloof, and, luckily for homœopathy, as they would do more harm than good to the cause were they willing to adopt it.

It is useless to try and make people grasp a new idea, no matter how much truth there may be in it, when they have no faculty for such, but behave rather like so many sheep led along by a few, regarding whatever these demagogues publish in print as oracles of wisdom and inspiration, and swallowing everything without a thought of its character and value. Look for instance at their bacteria theory of diphtheria (*Micrococcus Diphtheriticus*), a thing more wonderful to conceive than the curative action of our infinitesimal doses of medicine, but unlike the latter incapable of

actual demonstration, as experience has shown, still they all had their craze over it and published it over the whole world as a great achievement, although the rate of mortality did not diminish but actually increased, owing to the pernicious effects of their topical applications which this absurd theory seemed to warrant. Why endeavor any longer to convince them that *similar* and *the same* are not synonymous words, when we all know that Hahnemann many years ago was the first one who attempted to pound this axiom into their heads, and neither Dr. Palmer nor any of his calibre can comprehend it yet. Is it surprising then we cannot teach them any further? As long as they are entirely ignorant of the symptomatology of drugs it is of no use to make them confess that in all their casual cures they have unconsciously employed homœopathic agents.

Hahnemann, Hering, Dunham, Hughes, and many others were all allopaths once, but their minds were too great to remain enclosed in the narrow, dark dungeon of antiquity, so they emancipated themselves, as great minds always do, leaving old relics of barbarism to adopt the new, civilized and enlightened ideas of the present century.

Such are the men we desire amongst us, and only such shall we get if we cease endeavoring to persuade the whole mass.

To us it is most gratifying to be conscious of the fact that although we are only a people of yesterday, today we have at our command one half of the practise of this great country and the cream part at that. We need then feel no anxiety for the future of Homœopathy as long as we will apply ourselves assiduously to our work and show to the world by deeds and not by words our superiority over the so-called Regular School.

Yours, etc.,

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EDITORIAL.

"UNDER WHICH KING?"

The recent action of the New York State Medical Society in adopting a new Code of Ethics, would possess but little interest for the homœopathist, except as an indication of the desire on the part of the more progressive members of the *soi disant* regular school, to emancipate themselves from the musty traditions of "a creed outworn," and so far deserving of commendation, were it not that a few who rank themselves as homœopaths, believe that in the recognition of their regularity by their allopathic brethren their hopes of earthly happiness lies, "Deluded souls that dream of heaven." Allopathy to-day has nothing to offer and homœopathy nothing to ask but a fair field and no favors. Between the two lies an impassable gulf and those who indulge in the hope of bridging it, dream of a Utopia too bright for

this gross world. Nor if it were possible, would such a union be desirable, for the two systems of medicine have nothing in common in the treatment of disease, which is above all the object of their being. Having won its way through scorn, obloquy and persecution, when its friends were few and its foes many, homœopathy is content to stand upon its merits, and while we sincerely desire to see an *entente cordiale* between the two schools in which each are content to differ and not to disagree, the need of homœopathy to-day, it seems to us, is not recognition, but that its advocates, dropping factional feeling, and while allowing to others and claiming for themselves the right to prescribe such doses and to use such measures as they deem for the best interests of those committed to their care, and holding the liberty "to do the right as God gives them to see the right," to stand firm for the cardinal doctrines of our faith, to close up our columns and press forward to the victory that awaits united action, not recognition of regularity, but the establishment of the truth of the homœopathic law. In the language of the great teacher of old, "No man can serve two masters," and we must be homœopaths or allopaths. "Choose ye this day therefore whom ye will serve."

B. F. U.

DR. LAMALLEREE, of Paris, is said to have successfully used the particles taken from the skin of the rabbit for skin-grafting, with complete success. This is the more important as M. Féréol also of Paris, has recently added another to the list of cases in which syphilis has been conveyed by skin-grafting.

BOOK REVIEWS.

DISEASES OF CHILDREN. BY J. FORSYTH MEIGS, M.D., Consulting Physician to the Children's Hospital, etc., etc., and William Pepper, M.D., LL.D., Provost, and Professor of Clinical Medicine in the University of Pennsylvania, etc., etc. Seventh Edition. Philadelphia. P. Blackiston, Son & Co.

It is only within the last few years that the diseases of children have received the attention and study their importance demands. It is true that there have been in our colleges the chair of Diseases of Women and Children (a most striking combination in view of the similarity of their ailments) but the Professor never got beyond the first division of his subject, and all that was gleaned by the student was from incidental reference from the chair of Theory and Practice; and this notwithstanding the fact that fully fifty per cent. of the death rate, especially in our large cities, were those of young children; and that to diagnose and successfully treat the diseases to which children are incident, requires a thorough knowledge of the normal as well as the abnormal conditions of childhood, and infinite tact and patience. Even to day physicians with no particular training or experience upon this subject are considered competent to treat the diseases of children, while in other branches, as surgery, nervous disease or gynæcology, are supposed to require a special course of study. The fact that a work in so comparatively neglected a field as this should have attained to a seventh edition argues well for the merit of the book, a conclusion amply sustained by the facts, and while we regarded the previous edition as indispensable to every one who treats children's diseases, and who does not; the present is even more valuable, having been thoroughly revised, and brought up to date. Many of the sections, particularly those on diseases of the skin, a most important subject and one generally not very

well understood, rewritten. We also especially notice those relating to the very class of zymotic disease in which the information derived from the latest investigations regarding the causes and condition is given, the section on diphtheria being of special value. The subject of infant's diet, which has latterly become an object of much attention, we are gratified to see has received the careful consideration of the authors. There is no other branch of medical science which has been so much neglected, and which is so powerful an adjunct in the treatment of disease as the diet. The physician's knowledge of the diet adapted to the various phases of disease, seems in the past to have been held like the ability "to read and write," which "comes by nature," as a sort of divine intuition. The question of the use of condensed milk has been made the subject of careful study by the authors, and we find the results obtained agree on the main with our own experience as to its undoubted value as a food for infants, due regard being had to the purity and the quantity of the milk selected. The entire section is a valuable treatise on the subject of infantile diet. To the ailments induced by the character of the food, including the diarrhœal diseases, which are mostly the result of improper diet, by far the largest proportion of infant's deaths are due; exhaustive treatment has been given and their hygienic treatment fully stated. Those who desire to keep pace with the advance in this department of medicine and to secure the one book best adapted to that end will find this work to meet their requirements; of its literary character it is unnecessary to say more than that the present edition sustains the high character of the previous editions.

B. F. U.

THE HOMŒOPATHIC TREATMENT OF CONSTIPATION, BY H. BERNARD, M. D., Mons, Belgium. Translated and revised from the second Belgian edition, with additions and clinical cases from American sources. By T. M. Strong, M. D. A. L. Chatterton Pub. Co., New York.

The author of this little work, while appreciating "that there is more of error than of truth in the importance which is assigned to constipation," nevertheless recognizes the fact that the majority of those who consult a physician are firmly imbued with the idea that constipation is a disease and must be met by active treatment, and that the practitioner taking things as he finds them, must attempt relief. Not that we by any means advocate the use of purgatives or laxatives, but if the physician does not prescribe the patient will, often to his lasting injury, and if any medicine is to be taken why not the similia? The subject of treatment is divided into three parts, I. The Hygienic and accessory preventative treatment. II. The Homœopathic treatment proper, which is arranged upon the plan of Bell on Diarrhœa, with the addition of carefully selected clinical cases, throwing light on the action of the drug. III. Palliative and surgical treatment. The work appears well and carefully done and will afford valuable aid in prescribing for what is often one of the most annoying conditions that a physician is called upon to treat. Typographically the book is up to the high standard maintained by the publishers.

DOCTOR BURNETT'S ESSAYS, containing *Ecce Medicus*, *Natrum Muraticum*, *Gold*, *Causes of Cataract*, *Cure of Cataract*, *Diseases of the Veins*, *Supersalinity of the Blood*. Boericke & Tafel, New York.

We confess that we took up the volume of Doctor Burnett's Essays with no predisposition in its favor

and rather disposed to be critical, nor did the list of contents prove attractive, but as we glanced over the essay *Ecce Medicus*, we insensibly became so much interested in that able tribute to Hahnemann as a man and as a physician that we read on and on, laying the book down finally with regret that the want of time prevented our reading it to the end. In these later years when the mists of time are already beginning to dim the figure of Hahnemann and to cloud and obscure the great truths he enunciated, it is a pleasant thing to journey backward through the years, and see them in their true proportions. *Certes* he who reads the first and second essay, skeptic though he be, must acknowledge Hahnemann as one of the grandest figures of the past century, and that the dynamization of a drug does develop its powers as a curative agent. Happily, we believe, "the Rising Generation of Physicians of America" to whom the second essay is dedicated, do not need to learn that, however absurd it may seem, the dynamization of certain apparently inert substances, as *nat. mur.*, *hcy.*, *carbo veg.*, *sil.*, etc., by triturating and shaking, develops in them powerful curative effects but accept it as one of the grand corollaries of the homœopathic law. The essays that follow are valuable contributions to practical medicine and pertinent to the time. We believe all who read will be interested, instructed and benefited. In printing and press-work the book sustains the well-won reputation of the publishers. B. F. U.

CONTRIBUTIONS TO PRACTICAL GYNÆCOLOGY. By S. JAMES DONALDSON, M.D., New York.

The author modestly calls his work simply contributions, while it contains a great deal more thought and solid sense, as applied to the practice of Gynæcology, than many more pretentious works. His criticisms on the illustrations in the text-books used in our colleges are severe, but

just. His ideas about many appliances now in use, especially pessaries, we can heartily endorse, and to some extent his treatment, since it involves but little medicine, but follows mainly a course pointed out by natural laws, supplemented by the results of the latest scientific development.

ABSTRACTS.

HYSTERIC FEVER CURED BY IGNATIA AMARA.—A girl, aged 19, had always enjoyed good health. In the month of August 1881, the sudden loss of her younger brother told heavily upon her. It was the 2d day of her menstruation, when her brother died. The menstrual flow suddenly stopped for that period. A week, after this day she felt feverish for a couple of hours only. This feverishness she used to get every 2nd day only during the intermenstrual period. The next and other subsequent flows were as healthy and regular as she was accustomed to get hitherto. The fever she would describe as sinking at the pit of the stomach, flush of the face and sensation of warmth all over her body followed by a little chilliness and warmth alternately. Though there was nothing wrong in the menstrual flow, the molimen became very painful.

I saw her three or four times in the month of October 1881, but never found her in the state of fever. I prescribed *Ars.*, *China*, *Nux v.*, *Cedron* and even *Quinine Sulph.*, &c., thinking this to be periodic fever. On the 6th Nov. I saw her with the "fever." There was no body-heat, pulse 75, temp. 98.2 F. Thinking it to be hysteric fever, I gave her *Ignatia* one dose, and repeated it every morning for three days. The fever together with menstrual molimen disappeared entirely.—*Ibid.*

ACUTE TONSILLITIS CURED BY BARYTA CARB.—B., aged 25, of delicate constitution, and mother of two children, had an attack of cold after exposure to the rains. Two days

after, she began to complain of pain in swallowing, and slight tenderness on pressure at the angle of the right lower jaw. The pain gradually increased, and it was on the 4th day that she placed herself under allopathic treatment. Caustic lotion, liquor ferri perchloridi, etc., were, one by one, applied to the tonsil and fauces, some diaphoretic mixtures were given internally, and poultice applied externally. These having failed, the tonsil was twice scarified.

I was called on the 5th of August (being the 8th day of the attack) I saw her very much exhausted, restless, and suffering from high fever.

On examination the right tonsil and fauces were found to be considerably swollen, red, and covered with yellowish white spots; the tongue coated white with thick mucus. There was profuse discharge of viscid saliva; the right sub-maxillary glands were swollen and inflamed; the voice thick and nasal; difficulty of deglutition, so much so, that any attempt to drink brought on fainting fits; she complained of throbbing and lancinating pain in the affected tonsil; could not sleep in the night; no stools during the last four days.

Treatment: *Baryta c.* 6, every 2 hours; ordered to report after three doses had been taken. *Diet:* milk.

The first dose she could take only with the greatest difficulty, almost drop by drop. She took the second dose comparatively easily. About half an hour after this, she began to perspire, and it was after the third dose, which she took without the least difficulty, that profuse perspiration broke forth, and she fell asleep.

6th. Slept well in the night; the pain in the throat decidedly better; the tonsil about half its former size; could drink easily; no stool. Continue *Bar. c.* 6, thrice daily.

7th. No fever, does not complain of pain in swallowing, tonsil almost of natural size, voice clear, fauces slightly red; no stool. Cont. *Bar. c.* 6, thrice daily.

8th. Tonsil and fauces natural.

complaining of fulness and pain in abdomen, as she had not any motion yet. *Lyc.* 6. Two doses every four hours. Omit *Bar. c.*

9th. Had two stools; feels well; no medicine.—*Ibid.*

CONCUSSION OF THE BRAIN.—B. G., aged 33, suffered an accident by a fall from a carriage, the horses of which had taken fright. The result of this fall was severe concussion of the brain. He was about 4 miles distant from me and was treated by the hospital assistant in charge of the dispensary there. This accident occurred on the 2nd July, 1832. I went to see him on the 4th, when I noticed the following symptoms: head hot, pulse hard and slow, 78 in number, skin hot and dry, temperature not taken, bowels costive, was drowsy and had low muttering delirium, had ecchymosis of the right conjunctiva, pupils normal; sleeplessness and severe headache were the chief subjective symptoms present. The hospital assistant treated him with saline mixture, Dover's powder, and cold applications to the head; as the patient was willing to remain under my treatment I prescribed *Arnica* few drops in a tumblerful of water, one spoonful to be given every hour. Patient took this medicine, but the next day as he had some increase of his fever and delirium my treatment was discontinued, and again the hospital assistant there treated him; he treated him for about 3 days and on the evening of the 7th I was sent for. I immediately went there and observed the following symptoms: Temp. 101, pulse 76, slow and half full as it were, was drowsy and delirious, used to get out of his bed every now and then, and was very loquacious. The heart sounds were irregular and so feeble that I thought heart was failing, complained of severe headache and excessive thirst. Prescribed *Aconite* 12 and *Belladonna* 12 in alternation every hour; cold applications to the head were kept up.

Medicines were regularly given for the whole night, and the next morning he was a little better. The same medicines were continued with occasional doses of *Hyoscyamus* 3 at night to produce sleep. Improvement was steady, and on the 26th there was no trace of concussion except weakness, for which *Cinchona* was given.—*Ibid.*

PHOTOGRAPHS OF MEDICAL SUBJECTS.—Every Physician at times experienced the need of a draughtsman's skill, or a professional photographer's assistance, to supply pictorial representations of rare and difficult operations: new instruments and apparatuses, in order that the descriptions of them may be more clearly understood and their importance fully appreciated. No draughtsman, however apt, can without a knowledge adapted to the case, produce a satisfactory illustration, and, in some cases, photography only answers the requirements. The morbid expressions of the face, and peculiarities of physical development, which are attracting so much attention of late as useful guides in the diagnosis of various forms of disease, can find no adequate record by other methods. But, as if to keep pace with the facility and cheapness with which engravings are now produced, the processes whereby photographs are made have been simplified to such an extent, that, by means of a small and inexpensive instrument, any one without previous knowledge of the art, the manipulation of chemicals, or the details of the apparatus can produce a negative from which photographic prints may be made. The wonderful developments of the microscope in the science of Pathology, by a simplifying of the heretofore difficult art of micro-photography will be less restricted in scope, and investigations, which have hitherto largely depended for their perpetuity on the indifferent correctness of drawings under the camera lucida, may be pictured upon the

photographic plate with much less labor and perfect exactness. The facility with which strangers to the art are enabled to produce excellent examples of photography, is the result of recent discoveries in the production of ready sensitized plates, which may be procured by the dozen and kept for any length of time for instant use, and after exposure by means of the apparatus especially designed for amateurs, and having received the impression of the subject, may be put aside for weeks, if need be, before being subjected to the simple process of development. All the apparatus required may be obtained in various styles and prices, the latter depending upon the size and kind of work desired to be produced. Full explanatory circulars can be obtained by addressing THE SCOVILLE MANUFACTURING CO. Enquire regarding Physicians' Photographic Outfits.

PROVING OF HYOSCYAMIA.—Dr. H. A. Hutchinson, of Pittsburg, contributes (*Alienist and Neurologist*) his personal experience with hyoscyamine of which he took one-fourth of a grain in order to test its hypnotic effect while in a good state of health. His feelings are thus graphically described:

"Immediately I noticed a decided dryness of the mouth and throat, and almost a total absence of saliva, and difficulty of deglutition. Looking in a mirror, I noticed an intense congestion of my head and face, the carotids throbbing violently with every impulse of the heart. Along with this there was acceleration of the pulse and respiration, accompanied by a feeling of numbness extending over the entire body, with loss of power in producing the ordinary movements of co-ordination. I made an effort to 'walk it off,' but soon my feet becoming so enfeebled I could only walk by fixing my eyes intently on the ground. Had any one noticed me at this time, I should have had some difficulty in

establishing the fact that I was not deeply intoxicated. Finding that exercise would not relieve me from the poisonous effects of the drug, I, with much exertion, ascended the stairs to my room for the purpose of retiring to bed.

"My mental faculties up to this point were intact, and I fully realized my unpleasant position, but had no fear of any fatal result. Indeed, I was entirely oblivious to everything, past, present, or future, and cared little for anything except sleep. So imperative and overwhelming was this demand, and the general helplessness of my limbs so rapidly increased, that I was only able to throw myself upon the bed without undressing, and was soon in a deep slumber or coma, which lasted eleven hours. During this period I have no recollection of anything. I was not disturbed by any delusion or dream, or conscious of the presence of any one or of my own existence.

"Medical friends who were present with me during those eleven hours, alarmed at the profound stupor in which they found me, and not knowing I had been experimenting with hyoscyamine, resorted to every expedient to bring me out of what they supposed an apoplectic coma. Resort was had to sinapisms, dry cupping, application of cold to the head, flagellation by wet towels, etc.; but all efforts were unavailing to awaken me or produce any evidence of consciousness.

"I am told that during this prolonged sleep there was entire relaxation of all the voluntary muscles, except occasionally some spasmodic movements of the arms and legs: the pulse ranging during the first few hours at 138, full and hard; respiration numbered thirty-four to forty, and temperature 106° F.

"As the narcotic effects of the alkaloid passed away, the pulse rapidly fell to 106, temperature declined to 99°, and the respirations were reduced in frequency; but consciousness did not return for several hours after this.

"When I did regain consciousness I had great difficulty in collecting my thoughts or concentrating my mind on any particular subject. There were no hallucinations, delusions, or illusions, but for twenty-four hours or more every object on which I looked was tinged with yellow.

"It seems that during the period of sleep I suffered more or less from nausea, and at one time vomited, although I had not the slightest recollection of having done so."

For several days after his recovery the pupils were very considerably dilated, and he was annoyed with double vision and a general arrest of the various secretions of the body, as well as the excretions from the skin.

NEWS AND ITEMS.

Prof. Virchow of Berlin owns nearly 6,000 human skulls, of all ages and nationalities.

An English physician says that a woman who has a great secret can be made really ill by keeping it.

Philadelphia boasts a man who tried to poison seven people. In a man who isn't an allopathic doctor this seems extraordinary.—*Exchange*.

URETHRITIS CAUSED BY FROGS. — Dr. Bonarny, in a recent thesis (*Rev. de Therapeut.*, No. 19), describes two epidemics of urethritis among soldiers in Africa, caused by eating frogs which had fed upon cantharides.

Dr. Morell Mackenzie, a distinguished London physician, prefaced a recent lecture at a London medical college by remarking that he thought the days for teaching by means of lectures were passed, except for clinics, now that books are easily accessible.

A surgeon at the Maternity Hospital, Paris, observing a great mortality among infants who were somewhat feeble in their earlier hours, provided a box for them similar to the sort used as incubators for poultry. The machine was so constructed as to maintain an even heat of 82° Fahrenheit, and the infant kept in it from two days to six weeks comes out strong.

There is theoretically no distinction as to sex in the Chicago Homœopathic College, but the females complain that there are in fact many discriminations against them, such as their frequent exclusion from clinical lectures and the wards of hospitals. They threaten to leave in a body unless they get all the privileges accorded to male students.—*N. Y. Sun*, Nov. 22.

Special attention is called to the announcement made of new books in the advertising columns, and the very liberal terms upon which books are sold by this house.

At a recent clinic a man was brought in for treatment who had been injured in the back by a blow from a piece of timber. The assistant in stating the case said: "The man was wounded in the lumbar region." Whereupon the candidate for the dissecting table rose up and said: "I may as well correct your error, though it don't matter much. I was hurt at a barn-raising and not in the lumber region."

In the selection of periodicals for the year, this being the season usually taken, the mention of those most desirable will prove useful. For literary excellency and to keep pace with the scientific progress of the world, *Littell's Living Age*, *The Scientific Monthly* and *North American Review* ably cover the field, and for lighter reading and the not less important essential of home life, those ably conducted periodicals, the *Art Amateur* and *Art Interchange*, are indispensable.

The North American Review for December commands attention no less by the eminence of its contributions than by the value and timeliness of its contents. "The Health of American Women" is regarded from three distinct points of view: Dr. Dio Lewis considers the question as it is affected by the prevailing style of feminine attire, especially by the practice of tight lacing; Mrs. Elizabeth Cady Stanton points out the injurious influences of social environment; and Dr. J. R. Chadwick sets forth the effects of education, climate and food.

The attention of the medical profession has of late been closely directed to the cause of the enormous proportion of infantile deaths. The general conclusion seems to be that this loss of life in young children is largely due to innutrition; in other words, that owing to the want of artificial food calculated to supply the great demands upon the system the infant is, in effect, starved. Estimated in a cursory manner, human milk contains about 890 parts of water to 110 parts solid matter; and of this solid matter caseine, fat, and saccharine matter occupy the larger proportion. If milk contains these ingredients in the proper proportion, it is assimilated by the infant, and we have as a result healthy growth and development. To meet this want several artificial milk foods have been introduced to the public, and one of the most desirable is that known as the Anglo-Swiss Milk Food. This food is said to contain all the necessary ingredients for a reliable food for infants, and having received the highest endorsements from the medical profession in Europe and America, may be used with perfect confidence by all having the care of young children.

THE AMERICAN HOMŒOPATH.

NEW YORK, FEBRUARY, 1883

PHIMOSIS, A CAUSE OF IMPERFECT VOCALIZATION.

BY

GEO. W. WINTERBURN, PH.D., M.D.,

New York.

The article by Dr. Mount on Phimosis in the January number of the AMERICAN HOMŒOPATH interested me greatly, as it seemed to confirm somewhat a discovery made by me several years ago, but which I have not had the opportunity to verify to my satisfaction.

In the ninth case detailed mention is made that the patient—a boy, aged ten years—had defective articulation, and that this was greatly improved after circumcision.

Some four years ago I had under my professional care a boy about four years of age, strong, active, healthy, but aphasic. He would make a few labial and guttural sounds, but never put two words or syllables together. The only physical peculiarity was congenital phimosis, and as this interfered somewhat with urination I determined to operate, which was done by the method as detailed by Dr. Mount. Three days subsequently the child articulated many words distinctly, and in two weeks talked quite plainly and freely. Such a remarkable change, following immediately upon the operation, naturally excited much comment, and I determined to verify the phenomena when possible.

I soon after had the desired opportunity. This was a little cripple, aged five and a half years, whose father kept a small bake-shop near the dispensary of which I was then physician-in-chief. The child had the reputation of being only half-witted because it could not talk; but on going into the shop one day and making an examination, I discovered that the child apparently understood quite readily, and was far from wanting in intelligence. There was, however, congenital phimosis. I obtain-

ed, with some difficulty, the consent of the parents to an operation. This was followed by an immediate improvement both in speech and general health.

The only other case was a boy aged seven, who had an impediment in his speech, and whom I circumcised for gonorrhœa. This was a true case of gonorrhœa caught by sleeping with an adult female servant. Here, also, the operation was followed by improved vocalization.

I do not consider these few cases by any means conclusive, except as establishing a relation between the sexual and vocal organs; though this indeed was already known. Professional vocalists are aware how quickly sexual excesses tell upon the voice, and when desirous of being in good voice abstain entirely from coition. The husky voice of confirmed prostitutes is also familiar to all who are brought in contact with this class. But I am unacquainted with any physiological researches in this particular field.

Prof. Jos. Rodes Buchanan desired me to institute some experiments to determine the effect of vocal culture on the sexual apparatus; but I have never had the opportunity to do so.

If physicians noticing impediments to vocalization associated with an elongated or indurated prepuce will operate, additional evidence as to the truth of the proposition advanced will soon accumulate.

SOME CLINICAL NOTES.

BY

GEO. M. OCKFORD, M.D.,

Vincennes, Ind.

Mrs. ——— nervo-bilious temperament had suffered from too frequent and too profuse menstruation. The menses came every two or three weeks, and always continued for over a week, leaving the patient debilitated and with neuralgic pains about the

limbs. Numerous remedies gave temporary relief, but *Bovista*³⁰ caused a discontinuance of the irregularity and profuse flowing, as well as the accompanying neuralgia.

Mrs. — had suffered for years with menstrual irregularity. The appearance was regular, but a week or ten days after their cessation there would be a return for one or two days, at which time she would suffer with severe backache. There was also present obstinate constipation and weak digestion. *Senecio*³ corrected the irregularity and relieved the backache, and *nux vomica*³⁰ subsequently relieved the constipation.

Man had suffered for years with backache. His back felt tired and painful constantly. Had worn "porous" and other plasters without relief, but *Tartar emetic*⁶ gave prompt and lasting relief.

A lady had suffered for some weeks with severe neuralgic pains in the right leg, following the course of the sciatic nerve, the pain running from above downwards; the leg also felt as if the muscles were tense. *Tartar emetic*⁶ cured in a short time.

HYDRASTIS CANADENSIS IN CONSTIPATION.

BY

W. E. STORM, M. D.,

Wilmington, N. C.

Doubtless many of my colleagues have been often annoyed by the seeming failure of our remedies to relieve this usually obstinate condition, depending as it does on so many different causes.

With the introduction of new remedies our curative range widens, convincing us that our previous failures were not attributable to a defect in our law, but rather to the contracted list of proven remedies, which as it extends will enable us to select the speedy similimum instead of the tardy similia.

To illustrate:

Frank K., age 30, occupation merchant; spare, sallow, nervous temperament, applied for treatment, presenting the following symptoms: Frontal headache, coated tongue, poor appetite, imperfect digestion and persistent constipation. Had been treated for years by the usual old school expedients without relief. The continued daily use of cathartics had left the bowels completely inert or possessing no intrinsic power of expulsion. I tried the usual remedies in vain. The patient was becoming very impatient. As a last resort I prescribed *Hydrastis canadensis* 3x dil gtt. x in wineglass of water, night and morning. Improvement quickly set in. The stools changed their consistence. The expulsive power was restored. The accompanying symptoms were removed. In three weeks the remedy was discontinued entirely and at this time no repetition has been necessary.

Case 2.—Mrs. W., age 27, through neglect had accustomed herself to but one operation weekly, sometimes an interval of ten days elapsing. Her baby, age 9 months, also suffered from same trouble. *Hydrastis canadensis* 3x dil. gtt. 10 ter die cured both mother and child in two weeks. The dose for child being gtt. 3, morning and night.

Since then have used it frequently and where indicated, have seen it work with accuracy and precision.

I can certainly corroborate the statement in Hale's new remedies, a most valuable remedy in constipation, rivaling if not excelling *Nux v.*

STAPHYLORRAPHY.

BY

I. T. TALBOT, M. D.

Boston, Mass.

(Read before the Amer. Institute of Homœopathy.)

This operation is one of quite recent origin, having been first unsuccessfully performed by Roux in 1817, and its methods, greatly improved by

various surgeons since that time. Defects in the palate are the result of disease, traumatic causes, and congenital conditions, and they vary in extent from the slightest division and separation of the posterior border of the soft palate, to the almost entire absence of both soft and hard palate, and even of the alveolar process and superior maxillary bone. I do not propose in this paper to discuss the various methods of remedying the extensive loss of bone tissue, which has been accomplished by metallic and other plates, but come at once to the treatment of separation of the soft palate by surgical operation.

Not unfrequently the separation of the parts is so great as to look as though the greater part of the soft palate were wanting, an appearance due in great measure to the muscular contraction of the levator palati, palato-pharyngeus, and palato-glossus muscles, while the whole of the soft palate remains merely divided at the median line or raphé.

The operation consists in simply paring the edges of the two sides, and bringing them together by means of sutures, and thus keeping them in place till union has taken place. Muscular retraction is often so great that this is quite a different matter, and in 1844 Fergusson suggested the plan of dividing the muscles of the posterior pillar, which has since greatly added to the success of the operation. In fact I look upon this as one of the most important steps in the operation, and, in its performance, the first thing to be done. It may be done either by passing a knife directly through the posterior pillar in a direction diagonal to the median line, or, by drawing the posterior border, or uvular portion, forwards, enter a narrow knife, sharply curved on its side, into the upper side of the posterior pillar, and by a subcutaneous section completely divide the muscles which compose that pillar, and which are the principal means of retraction. I prefer this latter method, since it avoids complete perforation of the

palate, and, as sometimes happens, the leaving of lateral fistulæ. It requires a little more care and dexterity in its performance, which the result amply repays. Hæmorrhage is sometimes quite profuse, but can usually be controlled by the application of ice or the ether spray. When this muscular division is fully effected the two retracted sides of the palate approach each other, though it may be necessary to divide also the palato-glossus, in order to fully accomplish this, which may be done by dividing the posterior border of the palate at its outer extremity. The paring of the edges is best done by seizing the uvular end with a long narrow forceps, and putting the edge upon a stretch, enter a thin narrow knife at the anterior point of division of the two sides, and, by a sort of sawing motion, remove a thin slice along the entire edge to the very point of the uvula. The same thing must be done with the other side, leaving a little undivided part on entering the knife, which holds the anterior end while the edge is being pared. This is subsequently divided, and we shall have removed a thin slip from both sides which resembles the letter V. The bleeding having ceased, the sides may best be approximated by means of the wire suture. The great liability of kinking the wire renders it important to have but a single wire, which should be soldered to the eye end of the sharply curved needle. Great care needs now to be taken to fully and evenly pass the needle through the palate at points equidistant on each side. Three, or at most four, of these sutures may be needed. These sutures, having been entered, should be carefully held by an assistant till they are all in, and then tied, beginning with the anterior one and proceeding backwards. This is one of the most important steps in the operation, and must be performed in the most careful manner, so as to fully coaptate the edges without too much tension. For this purpose I have devised an instrument consisting

of a small steel shank about six inches long, somewhat expanded at the end, with two eyes or perforations about a line apart, through which the two ends of the wire suture are passed. By sliding this up to the parts to be united they are brought together, and a turn of this instrument will effectually secure the suture at such point of tension as may be required. The parts should now be kept as quiet as possible, and milk or liquid diet given. The parts may be protected and the chances of union improved by applying Cosmoline to the surface with a camel's-hair brush. The sutures should be carefully watched, and removed as soon as any tendency to sloughing is apparent. After removal, which should be from the fifth to the tenth day, if any opening is left, it can usually be filled up by touching every second day with solid Nitrate of silver.

A word with regard to the time of operation. When the consciousness of the patient required great self-control on his part the operation could only be done at an advanced age, but with the use of anæsthesia it can be done at any time in life. And it is perhaps better to do it before the voice has acquired the peculiar nasal sound so difficult to overcome.

The complete success which has attended several operations in my hands gives me great confidence in the advisability of the operation.

RHEUMATOID PAIN CURED BY OLEANDER.

BY

H. NOAH MARTIN, M. D.

Phila. Pa.

Mr. S. K., age 44, married, by occupation a merchant. Active habits, bathes twice a week; five feet ten inches in height; gaining in flesh; complexion sallow. Has been ill a year and a half. Father was subject

to rheumatism of legs, rhus-type. Former treatment allopathic. Has considered himself incurable, and has had no treatment for several months. His temperament is nervo-bilious-sanguine, is very nervous and irritable; pulse very weak, and 66 to the minute. If startled or frightened has palpitation of the heart; sounds of the heart normal. Circulation in hands and feet good, except in the winter. Tongue slightly coated; teeth sound; appetite good; sometimes whilst eating, nausea, and sometimes vomits ingesta. Stools undigested; bowels constipated. Rheumatic pains in right shoulder, caused by draft of air, followed by an attack one year ago. Has stiffness of thighs without pain, better from constant motion. Feels weak and is unable to bear fatigue. Intense itching of the skin with formication all over the body, without any eruption; has no periodicity, except it is *worse while undressing*. On this date, October 31st, 1874 I gave him one dose on the tongue of Oleander, and followed with a dose, every three hours, of the same.

November 4th, 1874. Pulse 76. Tongue not changed in appearance. Undigested stools, perhaps a little better. Other symptoms no change. Continued same treatment. After this prescription, he rapidly improved, and took no more medicine. I frequently met him on the street, and he has remained well up to this date, March 1st, 1880.

The symptoms which I deemed characteristic of Oleander were the intense itching, *worse while undressing*, which I have frequently corroborated, and the undigested stools.—*Ibid*.

INDICATIONS FOR REMEDIES FOR CHRONIC DISEASES.

BY

ROBERT T. COOPER, M.D.,

London, Eng.

After having had many years' experience in the treatment of ear dis-

eases with homœopathic remedies, upon looking back and considering the cases that have fallen to my care, I feel inclined to divide all ear cases into two classes—*the very easily cured, and those very difficult.* To the first class belong some of the *simple* and most of the *complex* deafness, and to the second belong all three, but especially the *complicated* deafness.

In some cases of obstinate deafness it is really impossible to foretell what amount, if any, of improvement is likely to take place, and as to the period of time required to effect improvement, we are altogether in the dark.

For example, some time ago two ladies came to me suffering from deafness of a very obstinate description. The one was a lady of about fifty years of age, but young looking for this age, and with plenty of reaction in her system, who dated her deafness back some fourteen years; the other was an old lady of seventy, who had been deaf all her life, having had scarlatina at two years old, and had used a trumpet in public meetings "within the memory of man."

In the former case one might reasonably have expected to do some good, in the other *it would have appeared to those not experienced in such matters*, impossible, and even as it was, the highest authorities of the day among the allopaths had declared the case beyond help.

It was not so, however, for under homœopathic treatment, I am proud to say, this lady is hearing well, and no longer uses a trumpet.

Comparatively few cases of deafness present any features justifying us in pronouncing them incurable. Instances of the curability of the most chronic forms of deafness are continually cropping up.

For myself I have tried all means that have been suggested for the relief of this obstinate affection, and from none have I derived any benefit worth speaking of, except from pure homœopathy.

The low dilutions, which I honestly

confess I have a partiality for, act very well in recent and comparatively curable cases; while in obstinate chronic cases, however useful the low dilutions may be as inter-current remedies, it is upon the high dilutions we must depend for the completion of anything like a satisfactory cure.

In such cases as the following a low dilution will act very well:—

H. M. T., a gentleman, of 28 years of age, fairly healthy looking, of lightish complexion, and nervo-sanguine disposition, consulted me in the end of August for deafness, with recurrent abscesses, which settle in different parts, but generally upon the walls of the meatus of the right, but sometimes also of the left ear; has been getting much worse of late, the "gatherings" being attended with considerable earache. The ear discharged up till three or four days ago, and now feels hot, and full, and uncomfortable. The head sympathizes with the condition of the ear, feeling heavy and uncomfortable also. Appetite is poor; sleep good; bowels regular; pulse fair. Has not had trouble with the wisdom teeth, and the family history is not unfavorable.

The right membrane is not perforated, but it is bulged outwards to a slight degree; is purplish looking, and the malleus handle is of a pinkish suffusion; the left membrane partakes of the same characters, though not bulged.

I lay stress upon this appearance of the membranes, as being a marked indication for *hydrastis*, 12 drops of the tincture of which was given to go over a fortnight, and 15 drops of the same to half an ounce of glycerine and water, to be used as a lotion to the right ear.

On 16th of October he returned, saying he was quite well; the heavy feeling had quite gone from the ear, and his head felt much clearer. He could also hear every sound quite naturally (which was not the case before, though on coming to me the watch hearing was normal). The left ear became swollen soon after

seeing me, but it came to nothing ; and altogether, except for a slight hoarseness, for which I prescribed *manganum*, he feels infinitely better than he did.

The following is an example of very obstinate deafness :—

M. K., aged 24, came to me with deafness, which had been coming on gradually for many years, the supposed cause being a succession of ulcerated sore throats. She has been to two of the leading specialists in London, both of whom declared her case to be beyond their power to relieve, and besides this, every now and then her family doctor has drawn a bow at a venture, but all to no purpose.

Up till three years ago her deafness got gradually worse, but now it appears stationary, upon which fact rests her only hope "that something may be done."

She has been a great sufferer from headaches, which gradually end in hysterical attacks, but this has been rather less the case of recent years than formerly. With the monthly illness also much headache and pain is suffered, and on the third day she becomes hysterical. Hysterical attacks, however, never occur without good and tangible reason.

Complains much of noises in the head, but only when tired, and is subject to much sinking in the pit of the chest, but this also is present only when tired. Bowels are regular ; appetite is fair ; sleep fairly good.

Hearing.—None whatever on right side ; can just discern the tick of a watch when pressed against the left ear.

Tuning fork heard fairly, best with the right ear.

Membranes *pale*, presenting the appearance I have described as accompanying *nervous* deafness.

The indications for *picric acid* were very marked, the noises in the head and sinking in the chest being worse when tired, and the *alteration of the symptoms during a condition of exhaustion* point very clearly to it.

I wish particular attention to be paid to each report of the case, as it illustrates how, even if we choose the right remedy, we may often go astray from not disposing the dose in accordance with the varying requirements of the case.

On the 23d January, 1882, I first prescribed a grain of *picric acid* to 6 ounces of water for this case, and on the 6th February again saw my patient, who gave this report : Wakes every morning with very much headache, and the headaches last longer than they did ; *constant twitching of the left eyelid ; noises still, which are a great deal worse on getting up in the morning and when tired ;* monthly period has been on, but with much less headache.

Hearing rather better.

The italicised symptoms I looked upon as aggravation, and therefore gave instead the sixth decimal of *picric acid*, 7 drops for the fortnight.

20th February.—Has felt better, but hearing the same. The twitching of the left eyelid and the headaches are much better ; noises are worse.

To have *ac. pic.* 6 ce., 7 drops for the first fortnight, and *terebinth* second decimal, 12 drops for the second fortnight.

7th March.—Hears better ; appetite not good ; feels weak and easily upset. Had a very bad headache with the last monthly illness. Noises are much better. At times the hearing is markedly improved. Membranes of both ears look certainly more natural than they did.

Considering the improvement to be due to the *picric acid*, I gave it again in the 6th ce.

4th April.—Is much better ; slight but decided improvement ; feels stronger, but still has head and back-ache after a short walk. To continue.

3d May.—Decidedly better and stronger ; general health much better. To continue for another month.

28th June, 1882.—Returns, saying that it is two weeks since she took the medicine, and misses it greatly. On leaving it off her general health suf-

ferred, and her hearing became very painfully confused; then took cod-liver oil, and felt better, but not so well as when taking the medicine. Noises (the noises are, I should mention, of a throbbing character) still continue, but are less.

To have two pillules of the same dilution of *picric acid* three times a day.

I heard nothing further of this patient till, on the 12th of this month, a friend of hers came to consult me in consequence of the astonishing improvement that had taken place, so great, that it was regarded as perfectly remarkable by all her friends, and though her hearing had not entirely recovered, she yet was hearing sounds it would have been impossible for her to have done before, and was continuing to get better.

This interesting subject of the *tinnitus* of *picric acid* deserves further illustration.

In July, 1881, a brother practitioner brought his wife to me for advice for deafness which had come on from sore throats six years before; the right ear alone is affected, and it aches and becomes tender when lying upon it. Is much distressed with noises like booming in the ear. The right membrane is white and polished.

For these symptoms I prescribed a trituration of *ignatia*, and heard nothing further till the following year, when (June, 1882) her husband wrote to say his wife had been much better of the *tinnitus* after taking the *ignatia*, "though never quite recovered the hearing of the ear."

Now reports, that for the last two weeks she has had a return of the noises worse than before, with vertigo brought on by the slightest movement.

Tympanic membrane he describes as very tense and shiny, the malleus handle standing out prominently. These symptoms are ascribed to her having been overworked, seeing visitors, etc.

I ordered in reply to the above re-

port, *ac. pic.* a grain, to be dissolved in 4 ozs. of water and a teaspoonful to be taken four times a day.

On 13th June, 1882, he wrote in great distress to say his wife was very much worse for the *picric acid*; during all Sunday and yesterday was worse than she has been yet, the noises being very distressing, and for about an hour yesterday, when the noises were at the worst, the vertigo was very distressing, being accompanied by nausea, but no actual vomiting.

Fatigue, he describes, always produces marked aggravation of the noise, and vertigo has also a constant dull pressive headache, which is present even on waking, worse before rising than during the day.

Taking food relieves the vertigo, but not the noises, temporarily. The headache seems to extend all the way up from the root of the neck, and is worse in a line straight through, just above, and in front of the ears.

The above is a full, and, I think, *verbatim* report, as given me by her husband; it is well worthy of careful perusal.

Recognizing aggravation, I ordered a drop of the twelfth of the *ac. pic.* instead of the solution of the crude substance, and soon after had a letter thanking me most heartily for the benefit my prescription had given; it was marked and satisfactory, and has proved a permanent relief.

Dr. Macnutt mentioned to me a case of a lady in whom *picric acid* had removed a zone of yellowish discoloration that surrounded the mouth, causing great disfigurement.—*Homœopathic Review*.

CLINICAL CASES.

BY

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Newcastle-on-Tyne, Eng.

BRIGHT'S DISEASE—BRONCHITIS.

Mr. J., age about 56, tailor.

Present condition, November 17th,

1875 :—

Bronchitis, with morning sickness. The latter, he thinks, is brought on by violent coughing. Heart hypertrophied and sounds muffled. Pulse fast and full, but feeble. Dull aching pain across the lumbar region. Urine somewhat scanty, with some sediment. Dull frontal headache and feeling of intoxication. Face puffy and pale. Bowels very protuberant, but from adipose tissue. Urine contains $\frac{1}{12}$ th of albumen, with some debris, also granular and fatty casts in small fragments.

Diagnosis.—Chronic tubular nephritis.

Prognosis.—Unfavorable ultimately, but favorable at present.

Treatment.—*Ars.* 3x—2x, and *Ant. tart.* 3x—2x. Soon removed the bronchitis and reduced the quantity of albumen considerably.

He then took *Ars. alb.* 3x and infusion of *Digitalis* (concentrated), 5 drop doses, being equal to forty drops of the ordinary infusion.

November 30th, 1875.—The last prescription has done him much good.

In 1882 he is in fairly good health.

BRONCHITIS—RACHITIS—WHOOPI COUGH.

Wilson, J., age 19 months.

Bronchitis from exposure at open window. *Acon.*, *Bry.* Previous to this he had been strong and well developed. Acute symptoms relieved. Restlessness; *Chamom.* and *China* for debility.

February 14th, 1875.—Is teething. Languid; cannot stand; spine seems curving backward at root of neck as if from debility; chest is projecting in pigeon-breast fashion. Rachitis had evidently set in as a result of the bronchitis, and consequent debility during dentition.

March, 1875.—He had *Chamom.*, *Calc.*, *Phos.*, *Cod Liver Oil*, *Syrup Lact.*, *Phos.*, *Phos.*, *Calcis.* with as nourishing diet as possible. Regulated pressure on sternum to help the expansion of the ribs Salt baths.

May, 1875.—Difficult breathing;

cough, with no power to expectorate; respiration almost normal; tonsils enlarged; feverish and fretful; great cephalic perspiration. *Bell.* 1, *Phos.* 3, friction with cod liver oil.

May 6th, 1875.—Cough much better, scarcely any perspiration on head. *Ac. phos.* 3 and *silicea* 6, were prescribed for this. The child kept improving a little till the autumn, when he began to lose ground again. A change to the seaside then picked him up wonderfully.

April 19th, 1876.—For several days has been coughing (brother has whooping cough) and though looking better I felt that if this developed into whooping cough, in his rickety condition, he would have very little chance of recovery.

He improved a little till April 30th, when his respiration suddenly became worse. Cough paroxysmal but very little power with it. No whoop developed; no expectoration; great distress; convulsions; death; the last severe symptoms lasting only fourteen hours. For the last attack he had *Bell.*, *Ipecac.*, *Ant. tart.*; *Cuprum* with brandy as a stimulant.

In this case the *Bellad.*, *Phos.*, *Ac. phos.* and *Silicea* were useful. Sea air had a very good effect; but there was no stamina to resist any fresh disease, and specially whooping cough.

MEASLES, SCARLET FEVER, ACUTE RHEUMATISM.

M. W., æt. 7. Measles well developed, and treated in the usual way. As the measles rash was fading, he was evidently still far from being well; this was explained by the distinct rash of scarlet fever developing with sore throat, and swollen glands. Soon after these symptoms developed he complained of pains in various joints. Ere the scarlet fever rash was well away, he was evidently suffering from acute rheumatism with high fever. Two weeks saw him through what may be called three fevers; the finale being a profuse perspiration and a copious eruption of sudamina. The heart was slightly injured, and its action

was quick and excited for some time after. I record this as an interesting instance of one fever merging into another; the one poison being in abeyance while the other was at its height. Some of his brothers had measles at the same time, but nothing more. There was nothing special in the treatment, save that I noted that *Verat. viride* seemed to reduce the fever in its third rise very quickly.

ACUTE CHOREA MASKING (FOR A TIME)
RHEUMATIC FEVER—CARDIAC
COMPLICATION.

L—, æt. 17. Works in shipyard. Two or three weeks ago his movements were noticed to be slightly irregular. Able to remain at work till a few days ago. Has grown very fast, but has had no illness to speak of. Generally very healthy. He is exposed to changes of temperature at work. Has been under treatment for some days, and has had a draught to moderate movements and promote sleep.

November 5th, 1881. Saw him for the first time, and found him suffering from excessive irregular muscular movements. These affected both sides, but specially the right arm and leg. Great mental agitation. Shouts out occasionally. Tongue swollen, protruded with jerks, and furred. Speech thick and stammering. No sleep save from draught, which soon loses its effect. Bowels costive. No history nor complaint of rheumatism. Heart action excited. Systolic bruit; temperature 104°. Perspiring freely; the perspiration being sour. Urine high colored.

Acon. tinct. and *Actæa tinct.* were prescribed in fractional doses every alternate hour. These were taken for three days, with considerable abatement of the movements.

10th November. Movements less; looks very exhausted; mind wandering; heart is quicker. Rheumatism now developed in two or three joints. *Acon.* 1 x, *Bry. alb.* 1. x.

11th November. Movements worse

again. Fever still present. *Acon. tinct.* *Actæa tinct.*

14th November. Violent movements, almost throwing himself out of bed. Delirious; shouting. *Actæa tinct.*, *Stramon. tinct.*, in fractional doses.

15th November. Slept several hours, which he had also done under *Acon.* and *Actæa* at first. The *Stramonium* controlled the movements and mental state wonderfully. Continue *Actæa* alone, giving the *Stramonium* if necessary.

16th November. Reported much better.

18th November. Improving. Sleeping well; still slight movements, with partial paralysis of right arm and leg. *Actæa tinct.*, *Sulph. tinct.*

November 26th. Has been up. Cardiac sounds normal; pulse regular; all chorea gone. Still some want of power in right arm. Tongue raw (this was severely bitten at the first, when he had to be held in bed). *Liq. arsenicalis*, mj. ter in die. *Pil. Sulph. Nocte.*

The action of *Actæa* and *Stramonium* in this severe case was well marked. I only saw the patient occasionally, as he lived at some distance. —*Ibid.*

TREATMENT OF SKIN DISEASES.

(Translated from the French of Dr. P. JOUSSET. By Dr. L. Sirca'r.

(Concluded from last number, p. 17.)

L. PITYRIASIS.

This affection is characterized by the development of furfurs, of fine scales, sometimes lamellæ, strongly adherent, without any prominence. This is one of the dry skin diseases of the ancients.

If we separate from pityriasis, *eczema* arrived at the squamous stage, *pityriasis versicolor* which is a parasitic affection, and *pityriasis pilaris* a veritable variety of horny ichthyosis and like it incurable,—there rests only *pityriasis blanc* of authors.

Pityriasis blanc or *pityriasis simplex* appears in the form of white specks covered over with small scales, which detach very easily by rubbing. These specks are very frequent in the face. In the hairy scalp, pityriasis takes the name of *pityriasis capitis*. It constitutes what is commonly called pellicle in the head. This affection causes some pruritus, soils the dress which it powders with furfur, causes the falling of hair, and terminates by bringing on alopecia.

(a) *Arsenic* is, in both schools, the principal remedy. Besides, arsenic produces pityriasis by its physiological action. Dose : first trituration.

(b) *Graphites* is indicated by Baehr. The pathogenesis of graphite contains this symptom : abundant desquamation from the hairy scalp.

(c) *Sulphur* is advised by the two schools. Its pathogenesis contains the formation of furfur.

(d) *Local application*.—Lotions with sublimate (corrosive) in the proportion of a thousandth, or with hydrate of chloral in the proportion of from fiftieth to one hundredth, constitute the best topical application in pityriasis capitis. Sulphuretted pomades have been advised from a long time. The thirtieth or even the sixtieth part of flowers of sulphur constitutes a sufficient dose.

For pityriasis of the face a pomade of calomel in the proportion of one hundredth is quite sufficient.

(e) *Sulphurous waters* have been advised and used with success in the treatment of pityriasis. Alkaline waters have been prescribed with advantage in the gouty disposed.

M. PSORIASIS.

This is a type of dry skin disease, and of frequent occurrence. It is characterized by the formation of white and imbricated scales, very adherent to the skin. The scales are white like plaster and rest upon a base copper-red. Psoriasis causes little itching. It progress is extremely chronic, and causes more or less considerable thickening of the skin

which embarrasses the movements of the joints, and causes, above all, when it attacks the hands and the prepuce, cracks and rhagades more or less deep. It apparently heals up to reappear at the end of some months. Specialists regard it as absolutely incurable (Hardy). I have nevertheless observed some recent cases which have been cured by homœopathic treatment, where there has been no recurrence in several years.

Psoriasis is divided into a considerable number of varieties according to its form and seat ; but these are of no importance in treatment.

The principal remedies are Arsenic, Sepia, Manganum, Lycopodium, Graphites, Phenic acid, and a new remedy extracted from the ergot of maize.

(a) *Arsenicum* is, in all schools, the chief remedy for psoriasis ; it ought to be prescribed in all cases which do not offer any special indication for any of the medicines mentioned later. It should be continued for months and taken several times in order to prevent relapses, I habitually give the first triturations. Nevertheless a cure with the 30th dilution has been reported.

(b) *Sepia* is a very good remedy. Hartmann advised it in inveterate psoriasis with rhagades deep, painful, and oozing. This medicine has succeeded admirably in scrofulous females subject to too profuse menses and to leucorrhœa. It is indicated specially in psoriasis of the prepuce and of the nails. Some symptoms in its pathogenesis have induced me to advise it in psoriasis of the tongue. Dose : first trituration.

(c) *Manganum*.—This remedy has been very much vaunted by Dr. Cramoisy. I have often prescribed it with advantage in cases where Arsenic had disappointed. I do not know the special indications for it. Dose : first trituration.

(d, e) *Lycopodium* and *Graphites*.—We employ these two medicines in psoriasis with rhagades, and chiefly in psoriasis of the hands. I cannot

give certain rules for their employment. *Graphites* has succeeded with me more frequently; besides, it is indicated in psoriasis of the nails and that of the tongue. Dose: From the first to the 6th dilution of graphites, and 30th of *Lycopodium*.

(f) *Phenic Acid*.—We have no other reference on the employment of this medicine than the affirmations of our friend, Dr. Guérin-Ménéville, who has cured several cases of psoriasis with Phenic acid in the 3d dilution.

(g) *Ergot of Maize* prescribed under the name of *zea italica*. This medicine was recommended to us by Dr. J. P. Tessier, and has given us some ameliorations so as to induce us to continue our experiments. Dose: three drops of the mother tincture.

(h) *Local treatment*.—The pomade of tar is classical in the treatment of psoriasis. Axunge or oil, with one-tenth part of tar. The pomade of oil of cedar has been employed in the same proportion. The immediate action of these pomades is a notable amelioration of this affection. But they never effect a cure, and I have in consequence long since given them up.

(i) *Mineral waters*.—The *sulphurous waters* are efficacious.

N. LUPUS VORAX.

This is the corroding skin disease known to the ancients; it is characterized by the formation of phagædenic ulceration. This ulceration is *superficial, deep, or with hypertrophy of the skin*. At other times lupus is characterized by tubercles which resolve without ulceration, so that the skin is insensibly destroyed and present cicatrices analogous to that of burns without having ulcerated. This is *lupus non excedens*.

With respect to its progress, lupus is very chronic in its common form; or very rapid in its malignant form. Lupus is always a scrofulous affection.

Arsenic, *Hydrastis canadensis*, *Kali bichromicum*, and *Aurum muriaticum*,

are the principal remedies indicated. *Apis* and *Hydrocotyle* have been employed in the treatment of lupus without ulceration.

(a) *Arsenicum*.—Is prescribed internally and externally. Internally we prescribe arsenicum from the first to the 12th dilutions. We continue it for months with intervals of repose of a week in three weeks. Externally we apply a mixture of starch with the thousandth part of arsenic. This proportion ought to vary with the effects produced, and in the malignant form ought to be replaced by the caustic arsenical powder (starch and arsenic) applied with precautions that we shall indicate under *epithelial cancer*.

(b) *Hydrastis Canadensis*, employed by American physicians in the treatment of cancer, has been applied with success by Dr. J. P. Tessier to the treatment of lupus. We habitually prescribe the third dilution internally, and externally a solution in the proportion of the 20th, 10th, or even the 5th part. This medicine has given us remarkably successful results but also some failures, without which we have still been able to determine the symptoms which ought to precisionize its indication.

(c) *Kali bichromicum*, which produces deep ulcerations and destructions analogous to those of lupus, ought to be employed in the treatment of this malady, and it has been with effect. Dr. Blake reports three cures with it. He has found the 5th decimal dilution preferable to the 3rd in these particular cases.

Aurum muriaticum.—This is recommended specially by Baehr. We have employed *aurum metallicum* with some success.

(e.f).—For *Apis* and *Hydrocotyle* in the treatment of lupus non excedens we have only three affirmations of Richard Hughes, who himself has derived his information from other authors.

O. ICTHYOSIS.

This congenital affection is ordinarily incurable. We stated in the

second edition of our Practical Medicine that we were not acquainted with the treatment of this disease. Dr. Hughes indicates *arsenic* and *hydrocotyle*, but without much confidence.

P. SCLEROMA OR SCLERO-DERMA.

Scleroderma of new-born children is an ultimate phenomenon which comes on in the course of grave maladies. We shall here treat only of the scleroderma of adults.

The scleroderma of adults manifests itself from the age of puberty to that of fifty years, and presents two forms *scleroderma* and *sclerodactylia*.

I.—*Scleroderma* begins uniformly at the anterior region of the neck; and extends to the face, the thorax, and the superior extremities then it develops in the inferior extremities to invade the trunk. Sometimes the scleroderma originates in isolated patches and disseminates.

The part invaded presents a hardness comparable to that of wood. The skin bridles the subjacent parts. The wrinkles are effaced and movement becomes difficult. The color, at first of a dull white, becomes insensibly dark brown.

II.—*Sclerodactylia* is scleroderma limited to the superior extremities and sometimes also to the inferior. This affection is characterized by the retraction of the skin, its hardness, its adherence to the subjacent parts, and the formation of folds which resemble the cicatrices of burns. The flexion of the digits is progressive and becomes complete. This flexion is not kept up only by the retraction of the skin, but more by that of the muscles. In an advanced stage, we see the atrophy of the last phalanges and even their complete disappearance. *Sclerodactylia* in such cases resembles *asphyxie symétrique des extrémités*. Are these two affections different?

Scleroderma is usually incurable; it is compatible with health. The drugs, which have been employed in these cases; are: *Mercurius*, *Pulsatilla*, *Causticum*, *Sulphur*. But I have no positive clinical data to recommend

them. We must study afresh to determine the medicine, if such exist.

PARASITIC DISEASES.

The parasitic diseases localised in the skin are produced by a parasitic animal: *Herpes circinatus*; *Herpes tonsurans*; *Mentagra* due to *trichophyton*; *Tinea favosa* due to *achorion Schænleinii*; *tinea pelada* due to *microsporon Andonini*; *pityriasis versicolor* to *microsporon furfur*. The treatment of these affections is most simple—to kill the parasite.

I.—The Itch.—Cure in 24 hours. *General* friction with black soap for half an hour, bath for an hour, *general* friction with a pomade containing: axunge 300 grammes, sulphur 50 grammes, sub-carbonate of potash 25 grammes. Or one may replace this with the following: Glycerine 200 grammes, essence of mint or lavender 4 grammes. This friction should be kept up for 24 hours, and a bath to be taken on the following day.

II.—*Herpes circinata*.—This affection is characterized by a group of vesicles disposed in a circle, and circumscribing a space of skin remaining healthy. This affection heals up in the centre and extends by the circumference, so that the patches go on enlarging. *Treatment*, *paracitidal* lotion; 50 centigrammes to a gramme of corrosive sublimate in 500 grammes of water; one lotion per day.

III.—*Herpes tonsurans*.—The same affection as the above in the hairy scalp. The cryptogam penetrates into the hair to the height of some centimetres. The hairs break off with sufficient regularity at this level and imitates a *tonsure*. *Treatment*: depilatory and paracitidal.

IV.—*Mentagra*.—This affection develops in the beard and the eyebrows; it is complicated with pustules and papules which deform the face. The pustules are all traversed by a hair.* *Treatment*, depilatory and

* According to Erasmus Wilson, *Mentagra* or *Sycosis* "is a chronic inflammation of the cutaneous textures, somewhat resembling acne, but limited to the hairy parts of the

paracitidal lotion. Treatment is long and painful. A pomade of turbith mineral 1 to 4 grammes with 50 grammes of axunge sometimes succeeds better than the lotion.

V.—*Tinea favosa*.—Treatment same as above.

VI.—*Pelada* (baldness).—The existence of a fungus in this affection has been doubted; and it is treated with daily applications of tincture of iodine, or better, of tincture of cantharides, to the surface deprived of hair. The applications must be suspended when they determine too much inflammation. The falling of the hairs is soon arrested under this treatment. Then after some weeks the hairs begin to push through the denuded wounds.

VII.—*Pityriasis versicolor*.—Vulgarly known under the name of hepatic spots, they are radically and promptly cured with a pomade of turbith.—*L'art Méd.*

WHOOPIING COUGH.—At the last meeting of the Medical Society of London Dr. Dolan read an abstract of a paper on the pathology and treatment of whooping cough. Dealing with some points of pathogeny, he expressed his dissent from the view of Guéneau de Mussy, that the

face, the chin, upper lip, submaxillary region, region of the whiskers, eyebrows, and sometimes the nape of the neck. The disease involves the hair-follicles and their immediately related tissues, giving rise to conical elevations, which become pustular at their apices, and are each traversed by the shaft of a hair. The pustules of sycosis are of a pale yellowish color; they burst in the course of a few days, and pour out their contents, which concrete into dark brownish crusts. The crusts fall at the end of one or two weeks, and leave behind them purplish and indolent tubercles, which remain for some time longer, and subside very slowly. The inflammatory action accompanying this eruption often produces thickening of the integument, and frequently extends to the subcutaneous textures. In this way the roots of the hairs become affected, and fall out, leaving the skin totally bald.”

—DR. L. SIRCAR.

malady was a bronchial adenopathy, its chief symptom being induced by pressure on the vagus by the enlarged glands, and showed that this glandular enlargement was not always present in pertussis, and, further, that the glands may be swollen without producing the characteristic cough. The disease, indeed, bore much resemblance to those diseases the causes of which are now believed to be minute organisms or fungi. Its highly contagious nature, period of incubation, effervescence and defervescence, its regular course, and the immunity from subsequent attacks, were grounds of analogy determining the place of pertussis in the group of diseases caused by protophytic fungi. The attempt by Linnæus to prove that all diseases were produced by animalcula, or had an insect origin, forshadowed the conclusions now arrived at by the discoveries of Pasteur.—*Lancet*.

THE VOMITING OF PREGNANCY. (ABSTRACT).

BY

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Perhaps no condition of the pregnant woman is so full of annoyance, and at times so liable to lead to disastrous consequences, as the nausea which occurs particularly in the early months. Totally absent with some, with others it becomes a source of distress and danger, ceasing only with the expulsion of the fœtus or the death of the patient.

While the latter extreme is very rare, the constant spitting, nausea, or vomiting is frequently the accompaniment of a pregnancy, rendering the life of the woman a burden, and she only obtains a certain degree of comfort when, under the influence of anodynes, sleep secures for her a respite.

The limits of an introductory paper will not permit of any extended remarks beyond the strict line of the

subject, "The Prevention and Treatment of the Vomiting of Pregnancy."

Now, in order that we may be prepared to treat or prevent a disease, it is eminently necessary that we should understand its cause, its real nature. Undoubtedly this condition results from two causes. In the early stages, the nausea, etc., are due to sympathetic disturbance of the stomach. Later, we have added direct pressure upon and interference with the functions of that viscus.

Now, these causes act with greater or less power as they occur in a patient with an irritable stomach, one prone to be disturbed by the slightest irregularities in food or digestion, or in one who has an ostrich-like power which enables her to load the stomach and carry through to the bowels matters which can only be partially digested, and must eventually pass away as foreign bodies.

With the hope of making pregnancy so comfortable that the ordinary objection to this condition on the part of the woman may be greatly lessened, the entire prevention of nausea and vomiting has been proposed and sought for by many obstetricians.

We must not forget at this point that in earlier days, and even now to a limited extent, it was believed that a sick pregnancy was a healthy one, and many practitioners, when these symptoms were absent, endeavored to imitate them by the employment of ipecacuanha and similar drugs.

It is difficult to understand how to proceed to prevent a condition which has not presented itself, and which may never occur. For we find in practice that a large number of women never exhibit the slightest nausea in any of their pregnancies, and many others suffer so little that it is deemed of no moment.

We may, indeed, having other reasons to regard the woman as pregnant, advise her to avoid carefully all articles of food which are likely to give rise to irritable stomach, and also to observe care as to the regularity of her meals and habits. Beyond this

we have no indications by which to be guided. The treatment of this trouble may then be considered under the heads of its relief when present, and efforts to prevent its return.

In the milder cases it is doubtful how much of the benefit is due to the remedy, and how much to the course of nature, in which the trouble would disappear spontaneously.

Many of the so-called cures which are so highly vaunted owe their supposed efficacy, in the successful cases, to the fact that little was needed to quiet an irritated stomach, irritated, perhaps, by carelessness or over-indulgence, which was intensified by the condition of the patient. It is only under this view that we can understand the wonderful effects of remedies as diverse as their names.

Therefore we may expect, and almost invariably obtain, relief in the great majority of cases from the use of sedatives and from alkalies; from bitters, by their tonic action on the stomach, *nux vomica*, etc.; from stimulants, champagne acting both by its stimulating quality and by the carbonic acid; from care in diet, carelessness in which frequently produces the earliest symptoms; from hygiene, change of locality, scenery, and occupation.

Those of us who attended the lectures of the late Prof. Meigs can recall the convincing manner in which he showed us how to combat this trouble, by requiring the patient to take a cup of tea and a piece of toast while yet in bed, only rising sufficiently to rest upon the elbow while eating, and then to resume the recumbent position until the stomach had time to acquire tone to enable her to arise without the nausea.

It is from these trifling cases that we have constantly heralded the wonderful benefits to be obtained by the use of certain remedies, which soon lose their hold on the profession, and are only recalled as a curiosity in the literature of the medical art.

As such cases are of very frequent occurrence, and demand treatment,

we may mention those remedies which have proved most successful. Thus, we have prussic acid in small doses; Aconite, of which the administration of a few drops of the tincture has been found of great benefit; the use of horseradish scraped fine, moistened with vinegar; Arsenic, which is with many a favorite remedy; Atropia or Belladonna, Calumba, highly extolled by Bartholow and others; Carbolic acid, administered in drop doses; chloroform and ether, either in small doses or by inhalation; the latter has proved useful when sprayed upon the spine; Hyoscyamia, which is claimed as effectual when all else has failed; Iodine; Ipecacuanha, which has recently been reported on by several observers, given in drop doses in a teaspoonful of water, repeated every hour; pepsin, lactopeptine, and their compounds; Nux vomica, five to ten drops of the tincture, and recommended by Bartholow where the nausea is great, with little vomiting, in drop doses; Friedrich is tempted to regard the bromide of potassium as a specific in one to two grain doses daily.

While we may readily, and generally do, succeed in obtaining positive relief for our patients by the employment of some one or more of the above remedies, yet we occasionally encounter a case which obstinately refuses to yield to any remedy by the mouth, everything being rejected almost as soon as it reaches the stomach.

In these instances, the happiest results frequently follow medication by the rectum. In several cases we have thus obtained a tolerance of food by the stomach, and thus we have relieved a threatened death by starvation.

In other cases we have obtained even better results by direct contact of these remedies with the os, and even within the cervix of the uterus.

In one case where, owing to the animal instincts of the husband, the nausea and vomiting were constantly reproduced, we each time succeeded

in speedily checking it by passing a suppository of Morphia, Belladonna, and Hyoscyamus up to the os, and keeping it closely applied.

Injections, both rectal and vaginal, are advocated by many, and Dr. Greene has succeeded with warm olive oil, after failing with warm water. Cold to the epigastrium, small pieces of ice swallowed or passed into the rectum or vagina, have proved serviceable.

As might be expected, electricity has its advocates, and Gaillard Thomas esteems it higher than any other remedy. A broad, flat electrode, made by stitching a flat sponge to sheet rubber, he fixes by means of adhesive plaster on the epigastrium, and a similar one under the spine, the patient lying on her back. A gentle current is passed, and continued for ten or even twenty-four hours.

Da Venezia, in a similar case, after all else had failed, used a faradic current of moderate strength, one rheophore being applied to the side of the neck along the vagus, the other to the epigastrium. The patient was relieved at once, and after the fourth application was cured.

From the remarks of Dr. Sims and from the results in general practice it would appear as though all that is required is a means of procuring an impression of a positive nature at the real seat of the affection, the os uteri. Hence we find severe cases are frequently at once terminated by ordinary astringent injections, applied so as surely to produce their effect upon the os uteri.

While there is no doubt as to the safety of these applications properly employed, it is much to be questioned whether the same may be said of the plan proposed and carried out by some practitioners abroad,—that is, the dilatation of the os with the finger. No doubt such a method would at once relieve the nausea, but at the same time it might be anticipated as extremely likely to result in an abortion. For this reason I would hesitate as to its employment until every

other remedy had failed, and the question had arisen whether we should not sacrifice the child to save the mother.

I earnestly believe that the question of premature delivery will rarely, if ever, occur when the treatment which I have so roughly sketched has been properly employed.

In this connection we may allude to the cases, though rare, where the husband has been the victim of nausea, while the pregnant wife was enjoying her usual health. Here we certainly cannot regard it as the result of sympathy between the womb and the stomach.

Before closing the subject of treatment I may mention that Pinard obtained immediate relief in several obstinate cases by the employment of inhalations of oxygen.. I am not aware that it has been tried in this country.

A valuable aid, by allowing complete rest for the stomach, is the employment of rectal alimentation. Dr. H. F. Campbell has employed this plan in a number of instances, and with most gratifying results. Twice each day he injects very slowly and gently about eight ounces of beef-tea or some similar nutritious food.* The advantages are complete rest for the stomach while nutrition is readily maintained. In the intervals between the injections a full goblet of water not quite cold was twice given, so as to supply the requisite amount of fluid.

In conclusion, permit me to sum up what I think is the duty of the practitioner in these cases:

The most complete rest of body and mind.

The avoidance of all forms of diet save those easy of digestion and assimilation.

The relief of the early symptoms by some one of the articles mentioned under the head of medication. Then by the rectum or the vagina. In the

latter case it is important that we should first carefully cleanse away the discharge usually found clinging to the os and cervix, and then bring the medicines closely in contact with the os, and maintain them there by the usual methods.

If the vomiting is now great, abandon the stomach as a depot for food, and employ rectal alimentation solely.

To relieve the intense thirst which is generally present, we may allow the patient to swallow at intervals small lumps of ice, or to drink iced acid water, which is now so readily obtained from the siphon. Of course, just sufficient of this should be taken to relieve the throat at the moment.

I do not consider the dire alternative of induced abortion, as such a procedure rarely becomes necessary, and should only be employed after the most careful deliberation, and after a council of physicians had declared it to be imperative.—*Med. Times, Phila.*

TRUE REMEDY AGAINST SEWER-GAS.—It has already been intimated that those to whom the public has been accustomed to look for counsel upon this and allied subjects do not differ so widely as some have supposed, but that there is actually a very strong convergence of opinion as to what needs to be done.

Professor Willard Parker, one of our most distinguished physicians, after listening to the discussions of the Academy, said: "If I were to build a house, I would not have it connected in any way with a sewer. I would construct a sort of annex." Into which, Professor Parker was understood to say, he would gather all the pipes and fixtures, water-closets, baths, and wash-basins. He further remarked: "I suppose most of you would object to having a vault filled with dead bodies a few yards from your house, and connected with it by a pipe. Yet, this is practically what we do. Water is no protection from the poisonous germs which generate

* Beef Peptonoids have been recently favorably mentioned,

and live in this foul air. This matter demands our most careful attention, for we are in a very critical and unhealthy condition."

Colonel George B. Waring, Jr., sanitary engineer, addressing the public through the daily press, gives the following advice: "Let us take no step backward in the essential improvement of the adjuncts of our daily life. Let us only *lop off luxurious superfluities*, and see that what is really needed is good. . . . There is no doubt that the luxury of a wide distribution of plumbing appliances throughout the whole house has led to a great increase of risk and to a wide distribution of dangerous defects. The use of stationary wash-basins in bedrooms not immediately adjoining soil-pipes is to be deprecated; and everything should be reduced to the simplest elements that will give the necessary sanitary control of the waste matters of the house.—DR. FRANK H. HAMILTON, in *Popular Science Monthly*, November."

DIAGNOSIS OF PULMONARY SYPHILIS: ITS DIFFERENTIAL DIAGNOSIS FROM PULMONARY PHTHISIS.—Concerning the diagnosis of pulmonary syphilis, we may mention the following points: first, the history of a specific infection, the primary sore, the bubo, and the symptoms and signs of the constitutional disease; then, possibly, the presence of an ulcer, osteocopic pains, or of marks left by cicatrices of former sores; perhaps also the absence of any hereditary tendency, though in the light of Koch's investigations concerning the true cause of tuberculosis this fact cannot be considered as being of great weight. Lastly, all the symptoms and physical signs of tubercular disease of the lung, accompanied always (such has been observed, at least, in all cases reported so far) by frequent recurrence of a moderate hæmoptysis. But here comes an important point in the differential diagnosis between pulmonary syphilis and

pulmonary consumption. In the latter these hæmorrhages are not apt to be so frequent. The sputa in the last stages of phthisis (and it is with the tubercular disease in these stages that lung-syphilis is apt to be confounded) are nummular in form, mostly thick, yellow, while those of pulmonary lues are usually brownish or reddish, sometimes gray, and have those peculiarities which we so fully described above. Another point of differential diagnosis is the fact that the clubbed appearance of the nails (due to absorption of the fat-bolster) is, in the last stages of true tubercular consumption of the lungs, never absent (except, perhaps, in miliary tuberculosis, with which lung-syphilis cannot easily be confounded), while in pulmonary syphilis the nails give evidences of disturbed nutrition, but are never clubbed. The last, but by no means least in importance, is the success of the anti-syphilitic treatment, which, while it might only hasten the unavoidable fate of the consumptive, may, and will always, perhaps, save the life of the syphilitic patient, whom it will restore to comparative health.

PITYRIASIS AND ITS PARASITE.—M. Vidal gives a *résumé* of his observations on the affection of the skin described by him under this name. The eruption begins by small rose-colored spots, scarcely raised above the level of the skin. Their surface is dry and slightly scaly. The spots are irregularly distributed, usually beginning on the trunk, but occasionally extending to the arms and thighs. They extend slowly. M. Vidal believes that he has discovered a special parasite in this affection, consisting of very minute spores, averaging a thousandth of a millimetre in diameter. The extreme smallness of the spores and their irregularity in size have induced M. Vidal to name the parasite *Microsporon anomæon* or *dispar*.—*Annales de Dermatologie*.

THE

AMERICAN HOMŒOPATH.

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Our columns will always be open to a courteous and fair discussion of all subjects connected with our practice, as much as our space allows; but we do not hold ourselves responsible for the opinions of our contributors, *unless indorsed in our editorials.*

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EDITORIAL.

AMERICNA INSTITUTE OF HOMŒOPATHY.

The date of the annual meeting of the society is not far distant and the Secretary's edict, will be found upon another page of this Journal. That it may prove in realization all that is pictured, now is the propitious moment for those engaged to contribute to the literary support, to actually do their work and immediately place the results in the selected hands.

The place chosen for the meeting this year seems in every way desirable it being equi distant from the large medical centers, and a point abounding in natural attractions, greater than could be found elsewhere in this country.

BOOK REVIEWS.

THE OPERATIONS NECESSARY FOR RESTORING THE COMPLETE LACERATIONS OF THE FEMALE PERINEUM, INVOLVING THE SPHINCTER ANI, AND THE SUBSEQUENT MANAGEMENT WITHOUT CONSTIPATION OF THE BOWELS. BY H. T. HANKS, M. D., Assistant Surgeon to the New York State Women's Hospital.

In this little work the doctor who has given so much time to the study of this branch of gynæcological surgery, gives very concisely each step to be observed in its successful management. The operation of Dr. Emmett in cases of rupture extending through the sphincter ani *only*, and the so-called Simon operation, when the rent extends for half an inch or more above the sphincter, seem to be most successful in his hands. Particular stress is placed upon the instruction, to have the denuded surfaces of the triangle approximate *accurately*. He advises after the wire sutures are applied and cut, to separate the ends into two groups, and their free ends to be enclosed in a piece of small rubber tubing, that they may not press into the flesh. In the after treatment the diet is particularly important and should be judiciously planned, with a view to proper nourishment and the relaxed condition of the bowels. Daily vaginal injections of warm carbolyzed water should be used. Great care being exercised in entering the nozzle of the syringe and holding it steady during the time, he says: "Whatever laxative seems best suited to the patient should be used in sufficient quantity after the second day, to produce liquid evacuations, and the same course should be pursued on each succeeding day, until the tenth;" and the patient should *by no means* be allowed to sit upon the chamber, but keep the recumbent position *invariably* in using the bed pan.

He attributes the many failures in this operation to the non-observance of these rules. He states that sixty-two per cent. of his operations have

been successful, and attributes his success to the fact that he has regulated the patients diet, and kept the bowels open, with comp. liquorice powder, thereby preventing the hardened fecal matter from rupturing the parts, before they are properly united.

A. T. H.

SOCIETY MEETINGS.

SUMMONS.

THE AMERICAN INSTITUTE }
OF HOMŒOPATHY. } ss.

To the members of the American Institute of Homœopathy, Greeting. You are hereby severally and collectively enjoined to set aside all professional engagements and every manner of business, excuses and delays whatsoever, and to appear in *propria persona* at the annual assembling of the Institute at Niagara Falls, N. Y., June 19th, 1883, and take part in the transactions, discussions and business mapped out for the rapidly approaching session, or show cause why you should not. Whereof fail not at the peril of missing a memorable social event and much valuable information which will make your future professional labors joyful and your patients ever grateful.

Given under the hand and seal of the General Secretary, this fifteenth day of January, 1883.

Pittsburg, Pa.

HAVANA, N. Y., Jan. 11th, 1883.

The 32d annual meeting of the Homœopathic Medical Society of the State of New York, will be held in the Court of Appeals Room, New Capitol (north entrance) Albany, on Tuesday and Wednesday, February 13th and 14th, 1883. The session will open at 10 A. M. of the first day and the annual address will be delivered by the President, Dr. Jno. J. Mitchell of Newburgh, in the Assembly Chamber, New Capitol on Tuesday evening.

A. P. HOLLETT, Secretary.

ABSTRACTS.

ELECTRICAL STIMULATION OF THE UTERUS.—The influence of electricity on the uterus, whether empty or gravid, is a point on which authors have made various statements. This difference of opinion may be due to the circumstance that the conclusions have been drawn from the somewhat uncertain field of clinical observation. M. Dembo, in a note presented to the Académie des Sciences by M. Vulpian, has endeavored to decide the question by experiments on animals. His observations at present relate only to the non-gravid condition. In the rabbit direct faradization of the uterus or of one of its cornua causes a contraction at the point to which it is applied, and which extends for a distance of about twenty millimetres, but never reaches the other cornu. If one electrode is applied to each cornu, both can be made to contract in the neighborhood of the poles, but not in the interval between them. Very different, however, is the effect when the application is made to the vagina. If both electrodes are applied to the vesical wall of the vagina, a manifest contraction is produced in both parts of the uterus, vermicular in character, passing from below upwards. If the application be made to the lateral portions of the vaginal wall, a contraction is produced only in the corresponding cornu. Local contractions on the corresponding side can be produced by placing the electrode on certain points in the broad ligament, but the contraction never extends to the whole uterus. It is impossible to produce contraction of the non-gravid uterus by faradization applied through the abdominal wall. The excitability of the uterus of the rabbit was found to vary according to the age of the animal, and according to whether it had borne young or not. That of a young animal is so irritable that manifest contractions are excited by mere exposure to the air, but in old rabbits the uterus is much less susceptible. In some dogs and cats no contraction of the empty uterus could be obtained

by faradization, in others slight contractions with distinct pallor were produced. Faradization of the vaginal wall caused pallor of the mucous membrane, and also of the whole uterus, due apparently to contraction of the vessels, but no contraction of the substance of the uterus. Frankenhauser found that stimulation of the aortic plexus caused a manifest contraction of both cornua, and it is highly probable that an analogous nervous plexus is situated in the vesical wall of the vagina. The observations were made on animals under the influence of either chloral or curara.—*Lancet*.

CHRONIC ARSENICAL POISONING.—Two French observers, MM. Caillol de Poncy and Ch. Livon, have lately experimented on chronic arsenical poisoning. The effect of the addition of small quantities of arsenic to the diet of cats was not at first to cause any disturbance in the general health; indeed, they ate more, became fat, and seemed generally to be in exceedingly good health. After a time, however, they began to lose flesh, became affected with diarrhœa, lost appetite, and became languid, and finally died in a state of anæmia and emaciation, which presented a striking contrast to their condition at the commencement of the treatment. At the necropsy all the muscles, including the heart, were extremely pale; the liver, the lungs, and the kidneys presented all the naked-eye signs of fatty degeneration, and the mesenteric glands were swollen, and also presented fatty degeneration, a lesion which has not previously been observed. In the lungs Cornil and Brault found, in acute poisoning, that the pulmonary capillaries were dilated and distended with blood, and the endothelial layers were invaded with large fatty granulations. Hæmorrhages were also seen in certain points, and many alveoli were filled by degenerated cells, giving rise to

the naked-eye appearance of pale islets. The mesenteric glands appeared as large yellowish white masses of caseous aspect. The microscope showed that the peripheral parts of the glands were invaded by fatty degeneration, which was not limited to the follicles. The process of change appears similar to that in the lung: under the influence of the slowly absorbed arsenic the endothelial cells undergo fatty degeneration, commencing in the most active part of the glands—the follicular region,—from which it gradually invades the greater part, if not the whole, of the gland.—*The Lancet*.

SCIATICA.—In a clinical lecture on "sciatica," Mr. Jonathan Hutchinson (*Med. Times and Gazette*) says: "In nineteen cases out of twenty in which the diagnosis of 'sciatica' is suggested, there is no affection of the sciatic nerve whatever. They are simply cases of arthritic disease of the hip in one or other of its various forms,—acute gout, chronic gout, rheumatic gout, subacute rheumatism, or chronic senile rheumatism. Both by the public and the profession these cases are constantly called 'sciatica.' Our work-house infirmaries are full of chronic cases under that name, and I speak advisedly when I say I feel sure that they are almost all examples of *morbis coxæ senilis*. Of the cases of 'sciatica' which are not hip-joint rheumatism, some are probably affections of the fascia or periosteum near to the hip; a minority are possibly affections of the sciatic nerve itself. In these latter it is the sheath of the nerve which becomes painful. The pain may be darting, or may radiate, but it does not pass down the nerve-tubules or in any way make the patient conscious of their course. The diagnosis of true sciatica is to be based upon the discovery of tenderness restricted to the trunk of the nerve and involving a considerable

part of its course. Examples of this are decidedly rare, and their recognition without risk of error is a matter of great difficulty.

OCULAR SYMPTOMS IN TABES DORSALIS.—Dr. Sons has attempted to discover whether, given certain ocular symptoms, such as asthenopia, diplopia, ophthalmoplegia single or multiple, etc., it is possible to predict that the patient will become ataxic (*Jour. de Méd. de Bordeaux and de Paris*). Such symptoms are either (1) dependent on changes in the optic nerve, or (2) produced by lesions of other nerves. Of the first class, those which are apt to end in ataxy are: (a) Gradual loss of sharpness of vision down to total blindness, this being unattended with ophthalmoscopic symptoms. (b) The diminution of the field advancing by sectors, vision being normal in the region unattacked. This may result at a certain stage in total blindness over the external half of the field. (c) The disk preserves its form, but loses color, becoming chalky-gray under a strong light, bluish under a weak light; its contours are regular, but the vessels may ultimately disappear. (d) The perception of color changes, especially as regards green and red. Of the second class, the following combinations are most characteristic: (a) Transitory paralysis and spasms of the motor muscles, especially of those supplied by the third nerve: these may show themselves by transient strabismus or diplopia. (b) Myosis; insensitiveness of the pupil to light; it does not dilate in darkness, but does when distant objects are looked at, and during attacks of lightning pains. Many of these symptoms are found connected with disseminated sclerosis. Certainty can, of course, be reached only by watching the further progress of the case.

POISONING OF AN INFANT.—Dr. G. Frank Lydston, of Chicago, writes: "I notice in the *Record* of September 2d a remarkable case of fatal poisoning in an infant as a result of the administration of a single drop of laudanum, and it suggests to me a case of my own in which I very nearly experienced a similar accident. The case was that of an infant, about a week old, born at the Charity Hospital, New York. The nurse called my attention to the fact that the stools of the child contained a quantity of blood, which began to appear in slight amount and gradually increased. As the child had had some diarrhœa, I concluded that the trouble was of a dysenteric nature, and accordingly gave the child a drop of tr. opii. with two drops of castor-oil, with the result of producing the symptoms of opium-poisoning to a marked degree, the surface being cold, the pulse feeble, and respiration very slow and shallow. The pupils were contracted and the child comatose, being aroused with difficulty. By slapping the surface smartly, and the free use of the cold douche, I succeeded, after a hard night's work, in restoring the infant. The experience gained was very valuable, as it served to impress me very forcibly with a point with which I was already familiar, viz., the marked intolerance of children for opium. The most singular feature of the case is, that upon careful examination—the diarrhœa having stopped and the hæmorrhage still persisting—I found the source of the bleeding to be the vagina. There was no lesion visible, but the vaginal mucous membrane was considerably congested. The hæmorrhage persisted for four days, and then ceased as gradually as it began. The child seemed otherwise perfectly healthy. The blood had one peculiar quality, in that it showed no disposition to clot, resembling to that respect normal menstrual blood. There were no evidences of precocious development. I attempted to detain the child for a time, but it was removed

from the hospital, and I could learn nothing of its subsequent history." *Medical Record*.

A CASE OF CHOLERA.—A., aged 35, was attacked with vomiting, purging, and cramps in the lower extremities, at about 12 noon on the 25th July, 1882. I was informed of this case at about 8 P. M., when I saw him with the following symptoms: Lying on his back in a helpless condition, extremities cold, pulse absent, eyes sunk, countenance haggard looking, cramps in the lower extremities very severe. Said that he had vomited 4 times and had 6 rice water stools. Complains of excessive thirst and burning pain in the pit of the stomach. *Arsenic alb.* 3, 4 doses, one dose every $\frac{1}{2}$ an hour. At 10 P. M. he was much the same. Vomited once and purged once. I prescribed 3 grs. of *Calomel* with 15 grs. of Bicarbonate of soda in 3 powders, one powder every hour. I saw the patient at 11:30 P. M., and finding him in a more helpless condition I prescribed *Veratrum album* 3 in water, one spoonful every $\frac{1}{2}$ hour up to 4 doses, and then every hour.

On the morning of the 27th the cramps were much better, but there was no return of pulse yet; had vomited 3 times and had one motion, *Veratrum* was continued and he showed signs of reaction at 9:30 P. M., when the pulse returned at the wrist, face better, thirst less, extremities warm, burning in the pit of the stomach much less. Since this time he continued improving, but more or less diarrhœa continued till the 30th, which was checked by *Ipec* 1.

MILK-POISONING IN INFANTS.—It was but a few months ago that we were told by a distinguished clinician that summer complaint and cholera infantum depended mainly upon the excessive heat of the summer season.

The mortality statistics of different localities were produced, along with other evidence, to show that such was really the case, and we must confess that the argument seemed convincing. We are now informed by Dr. E. F. Brush that cholera infantum is nothing more or less than milk-poisoning. So certain is this author of the truth of his assertion, that he thinks we should be justified in dropping entirely from our nomenclature the term *cholera infantum*, and calling the disease by its real name, "acute milk-poisoning."

The author calls attention to many well-known facts pertaining to cows and milking, and, though the subject is to some extent a hackneyed one, we must admit that he has uncovered some new points. He claims that the activity of the mammary gland from parturition to parturition through heat and pregnancy, and carried on through generations of the bovine race, has resulted in its becoming an excretory gland. "When a milking cow eats food which would cause diarrhœa in other animals, she simply gives more milk, and the bowels are seldom much disturbed; but the poison is conveyed to the infant."

The author goes on to state the conditions which render milk poisonous:

"1st. *Feeding*. The sudden change from the dry food of winter to the full flush of grass, picking up green fruit, eating brewers' grains, which make the milk more albuminous, and therefore more prone to putrefaction with the increase of summer temperatures, eating poisonous weeds, and drinking poisonous stagnant waters.

"2nd. *Treatment*.—Dairy farmers endeavor to have their cows calve in spring time when the grass is plentiful, because then the feeding is cheapest and the amount of milk is greater. Now, if a cow calves in May, she is usually in heat again in forty days: this brings the period to the last of June or beginning of July. If she were allowed to become pregnant

then, her calving time would occur too early next year to get the flush of milk at grass time. Consequently she is allowed to worry and quite often excite the entire herd. This condition affects milk so perniciously that cheese-makers exclude it from the factory; the odor sometimes is perceptibly putrid, and almost always easy to detect when the milk is heated in a water-bath. Again, the milk is affected when the cow takes the bull. I have found by observations of my own cows, that the milk following the act is always decidedly acid. In subsequent pregnancy there can be no doubt that the nutritive quality of the milk is lowered. Last, but not least in the treatment of milch cows as a cause of poisonous milk, is the cruel abuse to which they are subjected.

"3d. The different diseases to which the cow is subject."

The author goes on to mention experiments and observations on the mammary secretion. He produced traumatic garget in one of his own cows by bruising one quarter of the udder. This represents a very common disease among cows, but one that speedily disappears with little or no treatment. The milk from the affected part of the gland for a number of days was stringy, lumpy and pus-like, but always alkaline. The milk from the three unaffected quarters was normal in appearance but decidedly acid. After four days of this condition he gave four ounces of this acid milk to one of his children, with the effect of producing stomach-ache, purging, etc.

Once he noticed a bulling cow which mounted consecutively every other cow in the herd; this animal was finally, by dint of much whipping and pelting with stones, separated from the others, and driven home to be milked. In due time a child in the neighborhood, to whom her milk was supplied, was taken violently sick with vomiting and purging, which disappeared on the suspension of the milk. The author reports a number

of cases where he was satisfied that cholera infantum was caused solely by the milk the child imbibed.

There can be no question that the mammary secretion is influenced by the conditions mentioned, after which one can scarcely doubt the evil effects of such milk on young children. While we are not prepared to say, with the author, that every case of so-called cholera infantum is caused by improper milk, we believe that much mischief is undoubtedly done by this article, and much avoidable disease produced.

In cities, especially where any illiterate and conscienceless individual, who can muster half a dozen cows, to be nourished by the cheapest of slop food, and be cared for in the most filthy, slovenly, and inhuman manner, can impose the products of his establishment upon innocent and unknowing citizens, we can expect nothing else than the most exaggerated records of infant mortality.—*Obstetric Gazette.*

ULCERATING EPITHELIOMA OVER THE LEFT HEEL CURED BY HYDRASTIS.—K. C. B., aged 24, by profession a teacher, came to the Outdoor Dispensary on the 31st March, 1879 for treatment of an ulcer on the left heel.

Patient stated that while walking in his class he accidentally struck his left heel against a bench, which caused some pain in the part at the time. In the evening he observed a slight swelling of the heel. The pain disappeared in about two days, but the swelling continued, and gradually began to increase. At the end of about 5 months the swelling, which was soft and fluctuating, projected about $\frac{1}{2}$ in. from the heel. A medical man supposing it was an abscess advised him to puncture it himself with a needle, which he did, but instead of any pus only blood flowed rather profusely. About a week after this another medical man, making the

same mistake, incised it. The consequence was a much greater flow of blood which had to be stopped by ice, pressure and styptics. After this he went to the Medical College Hospital and was admitted in the ward of the First Surgeon. The tumor was pronounced to be a *nævus*, and treated with astringent lotions, and hypodermic injections of tannic acid. As a result of this treatment the tumor first became hard, and then began to slough. Tired of being tortured in the hospital, he placed himself under the treatment of a homœopathic practitioner. The benefit derived was slight and not permanent. He therefore again had recourse to the treatment of the surgeon who had treated him in the College Hospital, who this time paid him visits at his house. Strong nitric acid was applied to check the excessive proliferation of the granulating surface. The tendency to bleeding increased, tannic acid injection was again resorted to, which was followed, as before, by sloughing. Then chloride of zinc paste was applied and kept on for three days, which caused more suffering and more sloughing. The diseased part was examined microscopically and found to be epitheliomatous. All thought of cure was now given up, and amputation above the ankle was advised as the only chance of saving life. Thus frightened the patient fled with his life from the hospital where he had latterly gone again.

When he came to us we found the whole of the left heel involved in ulceration. The ulcer was of an oval shape measuring 3 by 4 in. The surface of the ulcer was covered with soft, spongy, proliferating granulations, which were very thick and gave the whole a protuberant appearance. The granulations were not quite painful, but they had a great tendency to bleed, indeed the slightest movement would cause profuse bleeding. The edge of the ulcer, where the diseased and the healthy parts met, was very painful and tender. The vessels at edge and of the surrounding parts

were considerably enlarged. The whole part for some distance around was very hot. The sufferings of the patient were worse at noon and from 10 P. M. to morning. Has been getting fever since 3 days with chilliness, burning of the eyes, but very little thirst. Tendency to mucous stools. A sensation of burning within the body which caused a desire for cooling things.

Treatment: For the tendency to profuse bleeding we gave him *Ham.* 6, which was continued till the 20th April. The tendency to bleeding was considerably diminished, but there was not much improvement in the ulcer itself. The discharge continued as before, there was no sign of commencement of healing.

On the 21st April we gave him *Hydras.* 3, and continued it for three days, but finding no improvement we changed the dilution to the 2nd, which we continued for three days with no better result. We kept him without medicine to the 9th May. On the 10th *Hydras.* 5 was given. In the course of a day or two, the discharge became less, and from this time forth improvement was steady, the healing advancing from the circumference. By the 5th Oct. the ulcer had completely healed.

The only local application used was warm ghee or clarified cow's butter. The patient was kept throughout the treatment entirely on vegetable diet, fish and meat having been strictly forbidden.

We see the patient now and again. He is hale and hearty. The cicatrix over the heel is firm and rather hard, being more corneous than skinny.—*Ibid.*

EXTIRPATION OF UTERINE FIBROIDS.—M. Dezanneau, in *La France Médicale*, arrives at the following conclusions:

1. Enucleation is the only treatment applicable to uterine fibroids projecting into the vagina.

2. Enucleation is indicated in all cases in which hæmorrhage or troubles due to compression place the patient's life in danger.

3. In proportion as the tendency is to progress towards the vagina, just so much ought operative measures to be deferred.

4. For enucleation the finger is preferable, when it can be employed, to the metallic nail, curettes, etc.

5. The finger nail ought to be directed towards the tumor in order to spare uterine tissue.

6. When the finger no longer suffices, torsion and traction are the best means to employ.

7. The fibroma ought to be securely grasped with the appropriate instruments; the chain of an *ecraseur* pretty tightly applied is very useful.

8. Enucleation may be the cause of serious accidents and, on that account ought to be performed very carefully and be followed by the employment of antiseptic agents.

A SIMPLE MEANS OF CHECKING PULMONARY HÆMORRHAGE WITH SHAWL-STRAPS.—Dr. H. Holbrook Curtis gives, in the *New York Medical Record*, a novel way of arresting pulmonary hæmorrhage. Called in a case of emergency, Dr. Curtis purchased a pair of ordinary shawl-straps punched with holes a quarter of an inch apart, and braided three strands of drainage-tubing, making two cords of as many feet long. He laid a folded napkin over each femoral vein just below the fold of the groin, and adjusted the straps about the thighs as high up as possible, so that the buckles would be over the napkins. The straps were tightened enough to stop the venous return without interfering with the arterial supply of the extremities. Then the arms near the shoulders were bound by the rubber tubing. The hæmorrhage was checked almost immediately, and in about five minutes the straps and tubing were

loosened. This was no sooner accomplished than the patient complained of a great shock to "the sore place," and the bleeding recommenced. The same procedure checked it as before. In about five minutes, the extremities becoming markedly cyanotic, the straps were loosened, a hole at a time, when no hæmorrhage recurred. The shallow and difficult respiration was greatly relieved by keeping an arm and the opposite leg strapped. As soon as a member became cyanotic, the strap was changed to the opposite side.

SUCCESSFUL NEPHROTOMY.—An interesting case is mentioned, in an address by Mr. T. R. Jessop, of a female patient suffering with marked evidences of renal disease. Purulent urine was being painfully squirted every few minutes from an intolerant bladder. Physical examination of the patient's abdomen, loins, and pelvis, and chemical and microscopic examination of the urine, revealed no more than the single fact of purulent urine. In the hope of relieving her most distressing symptoms, he resorted to the operation of dilating the neck of the bladder; and when, after its completion, the forefinger was swept round the interior of the viscus, he was struck by the fact that the left ureter could be felt in the wall of the bladder as prominent and as firm as a piece of whipcord, whilst the orifice of the right could with difficulty be made out. Immediately it became clear that the mischief was seated in the left kidney, and with perfect confidence the steps for nephrotomy were taken; the kidney was exposed in the loin, its substance was incised, and from its pelvis there exuded from two to three ounces of offensive pus, the evacuation of which as the event has shown, proved to be the initial step in an uninterrupted recovery.—*Medical Times Phila.*

EFFECT OF HORSEBACK RIDING.—

A physician who makes a specialty of rectal diseases writes a long article on the effect of horseback riding on those who are troubled with piles. His conclusion is that horseback exercise is not prejudicial, but is rather apt to be beneficial in such cases. And he thinks there is nothing more certain to prevent the occurrence of hæmorrhoids than regular horseback riding. He says that in Bellevue hospital a gymnastic movement is practiced to cure hæmorrhoids. "It consists simply in trying to touch the toes with the fingers without bending the knees. It not only strengthens and develops the muscles of the abdomen, but also those of the legs and thighs. It assists the action of certain remedies, and thus aids in a cure."

THE MICROBE OF TYPHOID FEVER.

—From the careful researches extending over eight months, of Dr. Almquist, of Stockholm, recorded in the *Nordiskt Medicinskt Arkiv*, he has arrived at the following opinions. The bacterium of typhoid develops principally in the intestinal wall; it occurs only by accident in the blood, and only in very small numbers ordinarily. Where more are found, they appear to be composed of bacteria, which, after having formed thrombi in the blood, have become broken into particles. Six forms of bacteria are figured. From the researches thus far, he believes that the microbe which he describes cannot strictly be classed among the genera bacillus, micrococcus, or bacterium, but that the series of development comprises the following phases. The spore shoots forth a thread; several threads then form a net-work, or mycelium, or a zooglœa of threads. If the spores are completely formed in the threads, then the zooglœa of threads may be transformed into a zooglœa of delicate grains. These conclusions are not final, as Dr. Almquist is still pursuing his researches.

DISLOCATIONS OF THE THIGH REDUCED BY NEW METHODS OF MANIPULATION.—In cases where reduction of the femur by manipulation in the usual way, with the aid of anæsthetics, has failed, or is inapplicable, and as a substitute, in many cases, for anæsthesia, assistants, and mechanical power, Mr. Kelly (*Dublin Journal of Medical Science*,) proposes the following methods:

For posterior dislocations.—The patient is laid prostrate upon the floor. Three strong screw-hooks are inserted into the flooring close to the perineum and each ilium of the patient, and to these hooks he is secured by strong bandages or rope. The injured thigh is flexed at right angles to the patient's body; the foot and lower extremity of the tibia are placed against the perineum of the surgeon who, bending forward, with the knees slightly flexed, passes his forearms behind the patient's knee and grasps his own elbows. Reduction is now accomplished by drawing the femur upwards; but circumduction may also be practiced; the surgeon, stepping backward, then extends the limb, and lays it by the side of its fellow. In sciatic dislocations, in order to liberate the head of the bone from the foramen, a bandage may be passed around the thigh, close to the trochanter, by which an assistant may make traction.

For anterior dislocations.—The patient is placed upon a table of such elevation as to have his pelvis nearly as high as the trochanter of the surgeon. A bandage around the pelvis, and secured to the side of the table farthest from the dislocation, affords counter-extension. The surgeon, with his face directed towards the dislocated joint, and standing on its inner side, with his trochanter pressed against the femur, now bends the leg behind his back, and grasps the ankle with the corresponding hand. Reduction is effected by rotating or turning his body partially away from the patient, thus making traction on the femur in the most favorable di-

rection, and at the same pressing its head towards the acetabulum with the disengaged hand.

CYSTIC TUMOR OF THE SPERMATIC CORD.—*W. A. Forster, M. D.*—Mr. F., aged 24, unmarried. About four years ago, while riding horseback, Mr. F. felt a severe pain in the left testicle. A day or so later the spermatic cord was observed to be swollen just above the testicle. A liniment afforded relief. But two years later, when compelled to ride horseback daily, the symptoms returned. A "drawing plaster" caused an escape of pus; but there remained a hard tumefaction. This did not annoy him much during the spring and summer, until harvest work, and a return to horseback riding renewed the pains. So the symptoms were mitigated and augmented, according as the patient was quiet or compelled to undergo prolonged exertion, until finally he was forced to wear a suspensory.

When he came under my treatment, the tumor was round, smooth, and firm, somewhat smaller than the testicle, which was completely inverted by the swelling. Its weight caused a feeling of tension and uneasiness, which, with severe pain, so preyed on his mind as to unfit him for study. Introducing an exploring needle, I confirmed my diagnosis that the swelling was a cystic tumor.

In addition to this tumor, the patient suffered from varicocele. *Hamamelis tinct.* externally and the 3^x internally, failed, as did also lotions of *Phytolacca*, and other remedies.

I now determined upon an operation. Having put the patient under the influence of an anæsthetic (chloroform and ether), I seized the tumor with a pair of curved polypus forceps, and secured them with a ligature over the most dependent part of the scrotum. After a thorough application of carbolized solution with the continual use of the spray, I cut down upon the tumor and carefully dis-

sected it from the cord, to which it was firmly attached.

The wound was washed and dressed with lint saturated with phenol solution. Drainage was cared for by leaving the wound open. Externally I applied phenol lint and antiseptic gauze. Aconite 3^x was prescribed with the view of keeping down undue arterial excitement.

Late in the evening, I found the parts swollen and congested; pulse full, bounding, 100; severe pain. Bell. 3^x was given, and snow, wrapped in cloths, was applied locally and repeatedly renewed.

On the following day, I found that my patient had been delirious, with throbbing headache. The scrotum was enormously swollen and black. The wound was gaping, with everted edges, and was discharging a sanious fluid. Pulse 116. I injected phenol solution and continued the Bellad. and the snow.

The following night was passed with restlessness, high fever, great thirst, nausea, and a continuance of the black color of the wound. The pulse ran as high as 120.

I changed the internal treatment to Arsenic 2^x. Very little change was noted for several days, when a passive hæmorrhage occurred, followed by decrease of swelling and improvement in color. Suppuration took place, with swelling of the inguinal glands, leading to the use of *Hepar 6^x*, with phenol injections thrice daily.

Extensive sloughing ensued. Long strings were discharged, which on examination proved to be the varicose veins.

Recovery was gradual, but complete. When last heard from the patient could ride with comfort, "the tumor had disappeared and the varicose veins were gradually disappearing."

CAUSES OF CHOLERA INFANTUM.—*R. B. Gilbert, M.D., Louisville.*—After mentioning the causes which give rise to cholera infantum, and citing a

few cases in his own practice, in which the origin of the disease could be traced to the breathing of noxious gases, he directs special attention to the liability of suckling infants, when the nurse's milk contains colostrum.

The author also points out the different conditions under which colostrum may appear in the nurse's milk, as menstruation, pregnancy, mental excitement, and prolonged sexual excitement.

He reports a number of cases in which he could trace the origin to no other cause than the colostrum contained in the milk of the nurse, the child having been placed to the breast immediately after sexual connection.

Mothers should, therefore, be cautioned against prolonged sexual excitement while nursing, and especially not to place the child to the breast immediately after intercourse, but to allow an interval of two or three hours.—*Medical News*.

NEWS AND ITEMS.

According to the *Reiche-Medicinal Kalender*, there are in the German empire 17,591 physicians and 4,457 apothecaries.

Samples of Phillips's Palatable Cod Liver Oil and Wheat Phosphates will be sent free to physicians who mention the *American Homœopath*.

In France and Germany, respectively, two francs and two marks are the medical charges for single visits, except in the fashionable watering places.

When Dr. Bliss received the \$6,000 offered instead of the 25,000 demanded, his "respiration was slow, his pulse rapid and his pus cavity extended" with bile.

M. St. Paul has offered the French Academy the sum of \$25,000 francs to found a prize for the discovery of a cure for diphtheria. The competition is open to all the world, and is not even confined to the medical profession.

We notice with regret the demise of Prof. R. J. McClatchey, M.D., of Philadelphia, from apoplexy Jan. 15th. He was well known as a man of literary attainments, an author, and for ten years editor of the *Hahnemannian Monthly*.

Dr. Bayes an eminent practitioner and author of Brighton, England died Dec., 1882. A short article believed to be his last literary effort, will appear in the March issue of this journal.

A young lady in failing health, applied to a physician for advice. "Well," he said, as he discovered the poisonous compounds which had made her once raven locks a fashionable blonde color, "I would suggest a change of hair."

Some English chemists and sanitary reformers have started a movement to make bread from the entire grain of wheat, and not from the inner portion only. The movement has the support of the first physiologists of the day.—*N. Y. Times*.

Dr. George M. Beard, of New York city, died January 23d, of pneumonia. Deceased was one of the most prominent physicians in this country, the author of many very valuable works on the nerves and also on insanity. He was one of the experts called in the Guiteau trial, and held that Guiteau was insane and utterly irresponsible for his actions.

Prof. Kaposi, of Vienna, has introduced continuous baths for skin affections. The patient is placed in them on a mechanical bed, and remains there for 50 or 100 days, not only taking his meals, but sleeping while thus immersed in water. The *Progres Medical* pronounces them successful, and recommends their introduction into the Paris hospitals.—*N. Y. Sun*.

"*Littells Living Age*" (Boston) continues its good offices in reproducing the choice and valuable literature of the European contemporaries. The field for selection is large but it requires not the less ability to glean only such matter as will prove readable to the American student of literature. That "*Littells*" succeeds in the effort, is evidenced by the long series of volumes, something over 2000 numbers having been issued from their press.

"Disease is very various," said Mrs. Partington, as she returned from a street-door conversation with Mr. Bolds. "The Dr. tells me that poor old Mrs. Haze has got two buckles on her lungs. It is dreadful to think of, I declare. The disease is so various. One day we hear of people's dying of hermitage of the lungs, another of brown creatures; here they tell us of the elementary canal being out of order, and there about the tenor of the head, and there of an embargo; on the one side of us we hear of men being killed by eating a pound of beef in his sarcofagus, and there another kills himself by discovering his jocular vein. Things change so that I declare that I don't know how to subscribe any case nowadays. New names and nostrils take the place of the old, and I might as well throw my old yarb bag away."—*Exchange*.

THE AMERICAN HOMŒOPATH.

NEW YORK, MARCH, 1883.

AVENA SATIVA.

BY

MARGARET A. BOSTWICK MOUNT, M. D.,
New York City.

I wish to testify in favor of this cereal: I well know it is not a new discovery, but of late it has met requirements that nothing else would, and I wish all to try it.

The brain fag and nervous debility complained of by so many school teachers, and others, is almost instantly relieved by taking five drops of the Avena tincture before each meal.

Coffee prepared from the seeds, well browned, and drank freely, will promptly relieve a bad condition of ascites produced by acute inflammation of the kidneys in pregnancy.

QUININOMANIA.

BY

B. F. UNDERWOOD, M. D.,
Brooklyn, N. Y.

If the old saying be true that "whom the gods wish to destroy they first make mad," the vagaries of the allopathic school, or at least of many of its devotees must excite painful apprehension of its early demise. Possessed in some dim way of an idea of the beneficial result of the use of a certain drug in some disease, the conclusion is straightway jumped at, that in that particular drug is to be found the heaven sent panacea for all the ills that flesh is heir to, and various remedies in their turn are extolled to the skies as being all in all, only to be discarded in turn to give place to another equally potent to charm the demon of disease. Claiming for it the pre-eminence of being the only scientific and natural system of medicine, the followers of allopathy prescribe for disease with such a charming disregard of either science or reason as is consistent only with an aberration of intellect.

At present a mania for the administration of quinine as the sovereign cure for any or all diseases is the prevailing delusion.

Three cases which have lately come under my observation are noteworthy as illustrating the prevailing tendency in "scientific medicine."

CASE I. This was pronounced by the attending physician (strictly regular) as diphtheria, for which quinine and morphine were prescribed. As the case did not progress favorably under this scientific treatment, the patient resolved to try homœopathy. Examination of the fauces at this time showed an ulcerated throat, with which there was some gastric derangement, induced probably by the quinine. On the administration of the appropriate remedy, the disease soon disappeared. One case of diphtheria cured.

CASE II. Mrs. R., living in New Jersey was attacked with intermittent fever and was rationally treated with quinine and the disease finally suppressed by its continuous administration, in massive doses, as high as eighteen grains per day being sometimes taken, but with the production of nervous prostration and gastric derangement in its stead. On removing to Brooklyn the disease reasserted itself, the paroxysms coming on alternate days about 10 o'clock, A. M. On December 17th after having continued for several days, Ars. and Nat. mur. were prescribed. The following day no paroxysm nor none until January 2nd, when they recurred, and again on the 4th. On the evening of the 5th when the premonitory symptoms were felt, Nat. mur. was again prescribed. The following day a slight nervous depression was felt about 10 o'clock A. M., which soon passed away, since which time there has been no paroxysm.

CASE III. Mr. B., who had been ailing for several weeks with gastric derangement, nausea and aversion to food, and who kept himself up on stimulants and several grains of quinine per day, consulted his family

physician Dec. 15th. At this time he was suffering in addition to the gastric derangement, with severe cough and the raising of blood streaked mucus. His physician advised five grains of quinine per day. On December 20th, being no better, the physician was again consulted. Here was a failure of the divine specific, perhaps he had not taken enough? happy thought! prescription, ten grains per day. December 23rd, being no better but rapidly becoming worse, the physician was again consulted, who ordered a bottle of Hunyadi Janos water with the effect of still further reducing the patient's strength by the profuse discharge set up. December 25th, the patient continuing to grow worse, Homœopathy was called to the rescue. In his condition at that time there was constant nausea and vomiting on taking food or water, tongue thickly coated with tenacious yellow fur, with disgusting sticky taste and aversion to all food. Frequent hard pulse, with dry skin and temperature of 102 1-2°. almost continuous cough and raising of blood streaked mucus. Whizzing in the head, ringing in the ears and partial deafness. Acon. and Tart. emet. were prescribed. Under the influence of these remedies the fever subsided, the cough and expectoration lessened, the nausea and vomiting disappeared, though the furring of the tongue, the bad taste and aversion to food remained and the patient sank into a typhoid condition. December 28th, the family physician called and finding the fever less and the stomach more tolerant, and not being aware of the use of the Acon. and Tart. emet. ordered again ten grains of quinine. This was politely declined and the doctor informed the patient proposed "to fight out the case with Homœopathy." Under the administration of various remedies the case progressed favorably, though slowly.

If these instances be fair samples of scientific medicine, suffering humanity may well exclaim with Macbeth: "Throw physic to the dogs, I'll none of it."

TREATMENT OF SCROFULA.

BY

DR. P. JOUSSET.

(Translated from the French by Dr. Sirca'r.)

Scrofula, especially if, as I teach it, we connect it with phthisis pulmonalis, is certainly the malady which we most frequently meet with in practice. It is likewise one of the gravest and most rebellious to treat, and it is of importance therefore to determine exactly its treatment.

Scrofula is a constitutional malady characterized by the tendency to chronicity, ulceration, suppuration, and formation of tubercles. The principal forms of the disease are the king's evil, ophthalmias, caries, white swellings, cutaneous affections, phthisis and all tuberculous affections.

I call to mind, in order to facilitate therapeutic applications, that Scrofula presents four forms, the common form, the benign form, the malignant form, and the stationary form, and that the common form presents four periods in its development.

Scrofulous affections having an extreme importance, as much from a pathological as from a therapeutic point of view, we reserve the study of their treatment to the chapter on localized maladies. Here we shall treat of the *prophylaxis* and the *general treatment* of scrofula.

Prophylaxis.—The prophylaxis of Scrofula is entirely in the domain of hygiene.

The infant born of scrofulous parents ought to be nursed (suckled) to the end of the first dentition. Later, its alimentation ought to be varied and abundant. It is necessary to avoid with care the abuse of meat and wine which conduces to phthisis. Up to the second dentition I advise the absolute abstinence from wine, by reason of the frequency of tuberculous meningitis at this period of life. Open air and broad day-light are the two powerful agents in the prophylaxis of Scrofula. It is necessary to court these conditions, especially in large towns:

and better, if the thing is possible, to bring up the infants in the country, among mountains, and still at the sea-coast; but it should never be forgotten, that even at the sea-coast, the bed-chamber ought to be large, well-ventilated, and well-lighted. Nothing in the world generates scrofula more than the *cell of the porter*, the type of damp habitations, dark and close.

The exercises of the body, gymnastic, walking, hunting, cold lotions, cold baths, provided they are not too prolonged, are the best preservatives against scrofula.

Parents and school-masters should not forget that masturbation and venereal excess are a frequent cause of the development of scrofula.

Treatment of Scrofula.—We give in this chapter only the general treatment of scrofula. The treatment of each affection in particular will come when we shall treat of the therapeutics of localized maladies.

Calcareo Carbonica, Silicea, Iodium, Bromium, and *Sulphur* are the principal remedies for scrofula.

Calcareo carb. and *Sulphur* are useful from the beginning of the disease, as prophylactics, during the first infancy and during the convalescence from diseases which, like the measles, favor the development of scrofula. Under these circumstances I alternate the two and I prescribe them at the 30th dilution. Two globules on the tongue every day, one week *Sulphur*, and one week *Calcareo*, for three months; rest for one month, and then resume them.

Sulphur and *Calcareo carbonica* are indicated by fatigue without cause, horror of movement, swelling of ganglions, cutaneous eruptions, easy perspiration even during rest. *Calcareo* is indicated by puffiness of the face and tumidity of the belly, when the infant has a voluminous head with retardation of the ossification of the fontanelles, when the veins are very much developed, the eyes cast down and bluish. If the scrofulous affections develop during difficult and

retarded dentition, *Calcareo carbonica* is still particularly indicated.

Sulphur ought to be preferred if the sensitiveness to cold is very pronounced, if there is great susceptibility to coryza from cold wind. Irregular stools, diarrhœa or constipation, emaciation with continuance of appetite, are symptoms which indicate *Sulphur*.

Silicea, which is indicated in the first infancy for infants of retarded growth, whose teeth cannot push through the gums, and who cannot learn to walk, is especially the medicine for confirmed scrofula. It corresponds to pustules with crusts; to ulcers, especially when these affections seize the head and the extremities: it is the medicament of scrofula suppurated and ulcerated. Puriform coryza, otorrhœa with or without caries, leucorrhœa, chronic diarrhœa, cold abscesses, prolonged suppurations with caries of bone, suppurating white swellings; phthisis with large cavities and purulent expectoration indicate the employment of *Silicea*. Suppuration is the characteristic of this drug.

Iodium and Bromium.—*Iodium* has been extolled in all the schools in the treatment of scrofula, and *Bromium*, already indicated by Hartmann, is certainly preferable to *Iodium*.

Iodium.—Swelling and induration of glands indicate *Iodium*, just as their suppuration demand *Silicea*. Emaciation with bulimia, bone pains, osteitis and periostitis, especially indicate the employment of *Iodium* in the treatment of scrofula.

Sea-air, sea-baths, mother-waters of salt-works, cod liver oil.—We range these four agents in the same paragraph because they have an analogous composition, and because they seem to act on account of the iodine, bromine, chlorine, and sodium which they contain.

Cod liver oil is certainly the least efficacious of these therapeutic agents; it is always disagreeable to take, and badly borne by the stomach and the intestines. This is the reason why

we do not use it. (We have certain preparations of the oil in this country which overcome the noted objections.—Ed.)

Sea-air constitutes the best treatment of scrofula, if it is continued for a sufficiently long time. For the cure of osseous affections it is necessary that the stay at the sea-coast should be for a year, a year and half, and even two years; but the success, especially in the second infancy, is, as it were, assured.

Cold sea-baths, when they can be borne for ten to twenty minutes, constitute a powerful auxiliary to sea-air. It is evident that one ought not to have 365 baths in a year; but it will be well, after a series of 40 baths, to suspend them for a month. Besides, a state of super-excitation, insomnia, and loss of appetite indicate a saturation, which it is necessary to respect well.

Hot baths of sea-water, with the addition of the mother-waters of salt works, are much more energetic than cold baths. This method unquestionably constitutes the most efficacious treatment of scrofula to whatever degree it may have attained.

The use of baths of mother-waters ought not to be exaggerated. Five litres at the commencement, then ten, then fifteen, then twenty will usually suffice. Some patients will nevertheless bear forty and even fifty litres of mother-waters. The duration of the baths should vary, according to individual susceptibility, from half an hour to an hour. But it is necessary to endeavor to have baths continued for one hour.

The remark I have made in respect to cold baths, holds good for baths of mother-waters; it is necessary to suspend them when signs of saturation appear.

We repeat, in conclusion, that in order to obtain from the sea all that it can give, it is necessary to prolong the stay of the patients for months and even years. This therapeutic truth is the result of clinical experience.—*L'Art Médical*.

STOMATITIS.

BY

A. M. CUSHING, M. D.,

Boston, Mass.

(Read before the American Institute of Homœopathy.)

This disease is usually seen in the mouth, in fact it is an inflammation of the mouth, yet the seat of the disease is not there, nor is it confined there, as we often see arising apparently from the same cause a disease upon the skin, and objective and subjective symptoms lead us to believe it has a lodgment within the stomach and bowels. Our "old school" brethren give as causes, hot and cold drinks, tobacco, Iodine, Antimony, Arsenic, Mercury, Croton oil, Meze-reum, Potassium, Cantharides, Phosphorus, and Phosphoric acid. No doubt these substances will produce the disease, yet we consider the more frequent cause to be debility. It may be congenital or acquired, but the treatment must be directed to both cause and effect. These debilitating causes may be internal or external. It may arise from lack of food in quantity or quality, or it may arise from such external causes as we shall mention later in this paper. Every one must acknowledge it is more frequently seen in debilitated mothers, or children of light skin and lax fibre, and, if no more often seen, it is more protracted and difficult to cure. This being a disease of debility affecting the whole system, appearing generally in the mouth, the great danger in treatment is our haste to cure the disease or objective symptoms, sometimes resorting to washes, astringents, etc., driving it from the only open avenue for its escape, and when later the patient dies of hydrocephalus, dysentery, or marasmus, we forget to make the return road, murder in the second degree. If, as our old-school brethren assert, it occurs from the local application of some irritating substance, in such cases we have only to antidote and counteract its effects. When it occurs from improper food, one of our principal objects should be to regulate the diet, and by care-

fully selected remedies help nature restore the patient. If a congenital trouble, then we need a more careful and extended study and a different remedy. If the child was plump and healthy at birth, and has had rational care, and the disease appears, remedies act speedily and satisfactorily, but if at birth there was a large amount of amniotic liquid, the child had the appearance of being "water-soaked," and the skin has continued soft and loose, we must not expect remedies to act as satisfactorily as in the former case, requiring a longer time and more carefully selected remedies. If we find, as we often do, a child born healthy and without any apparent cause does not thrive well, mouth sore, at times diarrhœa and other troublesome symptoms, we shall find the child has been put to soak, or in other words has been profusely bathed, once or more times each twenty-four hours. Although cleanliness is considered next to godliness, we wish to unreservedly denounce this wholesale abuse of water in bathing children. Standing so nearly alone as we do upon this point there is no room in this paper to try to prove our opinions true, so we will only say the abuse of water produces debility and death many times when we attribute it to something else. For the sake of a starting-point we will assume that the temperature of the entire body of a child is just 98° . Now if an undue portion of that heat is driven to one part of the body there must be a corresponding decrease at the remote parts. In experiments we have made we find that if a child at 98° in the axilla is bathed with water at 112° the temperature is raised to 110° , but in ten minutes the temperature is 94° , a change of both rise and fall of 28° in ten minutes. Now this change cannot be made externally without a corresponding change internally. This change may not be equalled internally, but the external decrease of some minutes' duration, to say nothing of the sudden increase, must be *nearly* equalled

internally. Such a change oft repeated cannot but be injurious. If the water is used at a temperature below the body there is a reaction above the natural temperature, leaving the internal organs below the normal temperature. If water at 98° is used, if the body is not exposed to the air as is *generally* done, it can have no effect apparently, except cleanliness, and any person of common-sense knows that a little child washed clean, dressed in clean clothes, and kept in a clean place for twenty-four hours, does not become so filthy as to need a scrub bath. Then, looking at this matter in a common-sense way, we can see no beneficial results from such a procedure, but a debilitating agent, against which we should carefully but earnestly protest. We cannot deny that we often see children who have been frequently bathed and thrive well, their good health entirely attributed to the bathing. Now that child would thrive well any way with decent care. If so beneficial, why does not the feeble child thrive under such treatment as well as without it? The fact is, it is positively injurious, and none but a healthy child can endure it. Then why not advocate common sense instead of catering to fashion? After doing that, and our duty in regard to diet, we shall have much less to do with medicines than if we follow the routine of folly.

As there is generally more or less derangement of either the stomach, bowels, urinary organs, or skin accompanying this disease, we will give some indications referring to these organs in order to more readily select the appropriate remedy. Before speaking of the positive or proven remedies we will mention one unproven one, Cundurango. We have repeatedly given it in cases of canker, occasionally appearing in the mouth, alternating with dyspeptic symptoms, and these symptoms disappear, followed by an attack of urticaria, after which the patient is well. The cases caused by warm or cold drinks can-

not be of a serious nature, but it will be well for us to examine the other substances which our brethren say will produce it. We will not name all the remedies that have some symptoms of the disease, but the more prominent ones, as follows :

Ethusa has aphthæ with thirst, increased saliva, at times profuse, with bad taste in mouth. If the child has convulsions the *thumbs will be clenched firmly against the palms of the hands*. Stools green or yellow, watery, *painful*. Urine red, with white sediment.

Aloes has inflamed spots, mostly on the cheeks. Profuse offensive saliva. Diarrhœa worse only in the morning. Small stools with large quantities of flatus ; piles ; profuse burning urine.

Ammonium carb. has raw inflamed mouth, extending to the throat, with profuse saliva and great thirst, but no appetite. Constipation and burning after stool. Itching of skin, relieved by scratching, but followed by burning.

Antimonium crudum has dry mouth or profuse saliva, tasting saltish, with thirst, changeable appetite, nausea, marasmus, watery diarrhœa, containing little lumps of undigested food ; yellow urine (Santonin). Skin sore, either pimples, pustules, boils or blisters.

Antimonium tart. has very sore mouth, tongue dry and red in centre, worse in the morning. Thirst for cold or acid drinks ; drinks little but often (Arsenicum). Stools loose, profuse, painful, green, brown, or yellow, *offensive*. Urine scanty, dark, with a violet sediment.

Arsenicum has aphthæ, or painful blisters ; mouth dry, thirst (drinks little at a time), tongue swollen only at the root, coated on edges, dry in middle (Veratrum viride opposite), loss of appetite, green slimy diarrhœa, consisting of mucus. Anus red and sore, worse after stool. Eruption on skin, worse by scratching.

Arum tri. has a red, sore, dry, raw, bleeding mouth.

Baptisia has dry red mouth, offen-

sive saliva, putrid ulceration, fever and *debility*.

Borax has very hot dry mouth, aphthæ, more often on the inner surface of the cheeks. The mucous membrane on the fore-part of the palate looks dry and wrinkled, as if burnt. Red blisters on the tongue, painful to touch or from salt. Desire for sour drinks. Stools frequent, soft, yellow, slimy, brown, green, light or dark, painless, but *fainting after stool*. Frequent urination, with pain before and burning after passing small quantities.

Bromin has aphthæ, with dry mouth and aversion to water. Painless, odorless, yellow diarrhœa.

Calcarea carb. has slimy mouth, blisters on the tongue and inner surface of the cheeks, variable appetite, and no thirst. Yellow, clay-colored stools ; urine dark, but no sediment. The skin is dry or shrivelled, or it is moist and flabby. If the patient, especially a child, has a large head light hair, blue eyes, inclined to crooked legs, perspiration on the head, the stomatitis will be cured, even if the appearance is unlike that we have observed from the provings.

Cantharis has dry red mouth, with small blisters, at times copious saliva. Thirst, with aversion to liquids. Diarrhœa, with stools white, red or bloody, like scrapings of intestines, burning in anus after stool. Painful urination, with constant desire. Skin sore and burning, followed by blisters.

China has mucous membrane of mouth, sore, but pale, with profuse saliva. Tongue white, more often in the morning, but may be black or raw, as if burned. Debility, with weak feeling at stomach. Symptoms aggravated in foggy weather. Appetite poor. Diarrhœa, with rapid emaciation. Skin yellow, dry, with putrid-smelling ulcers.

Croton oil has redness, rawness, and soreness, but no aphthæ. Appetite good, but sudden desire for stool while eating, so he dare not eat. Diarrhœa, stools watery, green, brown,

or yellow, coming out with a sudden gush. Skin red and moist, or pustules filled with white creamy pus, very like small-pox pustules, except the indentations.

Colchicum has heat in mouth with profuse saliva, but great dryness of throat. Pale red countenance. No appetite, but great thirst. Stools contain flocculi; green, watery, offensive stools. Urine is copious and light, or dark and scanty.

Helleborus has dry mouth or offensive salivation. Flat yellow ulcers, with elevated gray edges. Ravenous appetite. Loose, white, jelly-like, mucus stools. Urine dark, suppressed.

Hydrastis has dark-red, sore, raw mucous membrane, with raised papillæ. Great debility.

Iodium has aphthæ, with ulcers, and red, swollen, bleeding gums. Ptyalism. Eats often without benefit, thirsty. White foaming mucus stools always in the morning.

Iris vers. has aphthæ, with great burning, extending to the throat. No appetite nor thirst, yet the mouth and throat burn. Stools profuse and watery.

Lachesis has sore mouth, as more often seen in last stage of consumption. Tongue dry, red, cracked and swollen, protruded with difficulty, as it hits the teeth. No appetite. Thirsty, but disgust for drinks. Stools dark, watery, offensive. Urine dark. Itching of whole body, rash, blisters, or malignant pustules.

Mancinella has burning in mouth, not relieved by water; whole mouth and tongue covered with vesicles and profuse offensive saliva. The dryness extends to the throat, with elongated palate; cannot take solid food, the mouth is so sore. Profuse diarrhœa or bloody stools.

Mercurius has red or more generally white mucous membrane of the mouth, very sore with *profuse, ropy saliva*. Sometimes there are ulcers on the tongue and in the mouth, with swelling of the tongue and glands in the mouth and throat. The gums

recede from the teeth, and the teeth are loose. Appetite poor, but more often increased or ravenous, but eats but little. Thirst for *cold drinks*. Stools clay color, green, yellow, or bloody, with *great desire to remain at stool*. Urine may be scanty, flowing slowly or profuse and involuntary. Skin dry, yellow, dirty, sore, itching at night in bed.

Mezereum has burning in mouth with increased saliva and offensive breath. Great hunger at noon or evening, with desire for strong-tasting food like fat ham, and coffee, and wine. Stools soft, brown, sour; *hard balls, but painless*.

Natrum carb. has redness and soreness of the mouth, with flat painful blisters. Increased appetite. Great thirst for cold water, but worse after drinking it. Yellow stools discharged with a gush. Frequent urination of dark sour-smelling urine.

Natrum mur. has dryness and soreness of the mouth with blisters of a dark color; worse from contact with food. Increased appetite with desire for salt or bitter food, but aversion to bread or coffee, of which he is usually very fond. Diarrhœa, with dry mouth and thirst, worse from motion. Profuse urine, with thirst for large quantities of water. Rash over the whole body, with itching and stinging.

Natrum sul. has dry sore mouth, with increased saliva and great thirst. Stools slimy or bloody, and suddenly expelled; worse in the morning. Blisters or eczema very moist, with itching while undressing.

Nitric acid has swollen mucous membranes of mouth and gums, receding from the teeth. Bloody offensive saliva. Redness of membrane of the mouth, with ulcers extending to lips, chin, and cheeks, apparently from the acrid saliva. Desire for strong-tasting food. Stools bloody mucus; are green, yellow, or white; worse in the morning. Urine cold when passed.

Nux vomica has only inflamed gums that change to canker sores.

Petroleum has sore mouth, with offensive saliva, worse in the morning, with thirst. Loss of appetite, or increased appetite with aversion to warm cooked food. Thirst for beer, with diarrhœa in the morning and frequent urination. Skin moist, with deep cracks; raw and itching.

Phosphorus has aphthous patches on roof of mouth, with dry mouth, and coated white on mouth and tongue, more adapted to nursing sore-mouth, especially if the breasts are sore. Hungry, but rejects food. Wants cold food more often in night than day time. Stools watery, profuse, painless; better after sleeping. With constipation the stools are small, long and tough. Urine profuse, with red sediment. Skin red, burning, stinging.

Phosphoric acid has only whitish or gray coating on tongue, Canker may appear after measles. Appetite poor; acid eructations soon after eating. Desires warm food. Involuntary, liquid, gray-yellow stools, which do not debilitate. Urine profuse and light color.

Phytolacca has dry inflamed mouth, with profuse, thick, ropy saliva.

Plumbum has aphthæ, changing to dry dark ulcers, with purple blotches and frothy saliva. Stools light color, watery, or hard, lumpy, and *painful*. Urine passed in drops or dribbles away. Skin very sensitive to open air.

Potassium carb. (Kali carb.) has painful vesicles in the mouth.

Potassium hyd. (Kali hyd.) has irregular ulcers covered with white mucus, looking like milk, with burning in mouth.

Potassium brom. (Kali brom.) has dry mouth with no saliva. During dentition with dry hot gums, an aqueous solution rubbed upon the gums gives speedy relief.

Rhus tox. has dry red mouth and tongue, with bloody saliva. Watery stools, with pain extending down the thighs. Urine scanty, hot, dark. Skin red, with small pimples itching violently, burning after scratching.

Sabadilla has dry sore mouth, much worse by either hot or cold drinks. No appetite nor thirst, or increased appetite and great thirst for hot drinks.

Secale has only great debility, and profuse, dark, bloody saliva running from the mouth. Disgust for meat and fatty food. Thirst for lemonade. Stools watery, green, or yellow, offensive, painless. Urine dark, scanty, Cold dry skin.

Stramonium has very dry shining mouth, or raw, with slimy saliva. Stools black, offensive, painful. Urine suppressed or scanty, dribbling away. The whole skin crimson red.

Sulphur has aphthæ or canker sores, with profuse nauseating saliva. Craving for food, but eats but little. Thirsty and drinks much. Brown, watery stools, with retention of urine. Skin bright red, with voluptuous itching.

Sulphuric acid has yellow, painful aphthæ with much saliva. The yellow membrane extends all over the mouth and throat. Loss of appetite and great debility. Worse by drinking water, better by drinking wine or brandy. Yellow offensive stools, with great debility. Urine brown and scanty.

Tabacum has only dry burning mouth and throat.

Thuja has aphthæ and ulcers, with swollen tongue, mouth dry, with desire for cold food or drink, worse at night. The skin looks dark and dirty.

CLINICAL CASES, WITH REMARKS.

BY

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NATRUM MURIATICUM AND SORE EYELIDS.—Not less interesting and equally important is the action of this powerful medicine, when the constitutional decadence takes the form of

chronic inflammation of the eyelids, and the mucous membrane covering the edges of the tarsal cartilages. These cases are attended by shedding of the cilia, followed by deficient reparation of the lashes, or if renewed to a certain extent are only so to be again shed, or at the best are stunted and deficient in growth. Such a condition may often be greatly benefited by a course of *Natrum muriaticum*. I have not used attenuations lower than the sixth : but that such a complete disunion or separation of the particles of *Sodium chloride* should perform the work well, when "lower attenuations" would fail, or when the crude drug is taken contemporaneously with the treatment, appears to me to be only satisfactorily explained when compared with other therapeutic phenomena, by the supposition that the solutions of a range in concentration below a certain standard are rejected or eliminated by certain organs other than those which we intended the drug to act upon medicinally. Thus, as with most medicines in a certain concentration or density of solution, the drug is apt to be eliminated in mass as such by vomiting, purging (as, for instance, a few grains of *Calomel* in pill), and as again other densities may be eliminated by the kidneys, sweat, and very possibly by the liver, these organs are repeatedly making an effort to throw out the drug wholesale in such given density without permitting it under certain conditions to operate at all on the more remote tissues and organs. It is possible that there is a dosimetric range, which in this way corresponds for the drug and each organ relatively each to each. So the dose may come again to bear metrically on the organopathic arrangements of the economy.

I have observed the surplus of a medicine rejected in the pregnant state, yet sufficient has remained behind to effect great improvement of the symptoms of the patient. I will shortly record an instance of this, where *Purassic acid* was rejected in this

way from the stomach after the meal had been digested, just as if the economy required no more of the drug of such a density of solution as that employed. It must be considered that a given solution of any drug, which can be easily absorbed and taken into the circulation, is distributed throughout the blood current, all over the system, unless thrown out before it has time to reach the general circulation, by some intermediate organ or organs, as the liver, or intestinal and gastric mucous membranes and their discerning organs. Should the drug pass through these, it must of necessity be driven into every organ, and then if we get elimination by urine, sweat, saliva, or again by the liver or other secreting organs, we must conclude the given density is so inimical to these organs that the elimination takes place as a result of its noxious presence in the organ so affected. It is a matter of common observation in provings and toxicology that concentrated poisons are ejected by purging, sweating, and so on, and that unless the more dilute attenuations are used and time be given, we do not get the required replies from the non-excretory organs, and the peculiar indicating symptoms, so useful in a homœopathic sense, are not obtained, and especially those symptoms which belong to the continued action of the drug upon the lymphatic glands, nerves, muscles and joints. To get these organs affected and their peculiar symptoms, we have to ascend higher in the scale of dilution, and exercise time and patience. So it is found that a single minute dose of a high potency, say of *Sodium chloride*, will produce, after absorption, a single and perhaps seemingly trivial symptom, such as a slight itching of the skin, soon passing away, or a twitching of a muscle, and is not repeated until another dose of the same potency has been given, when it may be more urgently or frequently repeated, and so the diseased state becomes gradually more improved. The continual dropping of water wears away

the stone. Such considerations seem to point out that where a given density of medicine is kept circulating in a given space of time, that the effects resulting from its presence in this proportion to the volume of blood in the body, that actions are excited by the stimulus so supplied by this density in the organs separately and severally according to this receptivity for the substance so presented, partly according to the laws controlling absolute pathogenetic effects, and partly according to the receptivity induced by contingent pathogenetic sensitiveness (as by hereditary weakness of a given organ). The latter contingency may be present when an organ is hereditarily weaker, as when persons are born with tendency to disease in certain organs, *e. g.*, tendency to constipation, tendency to pulmonary phthisis, to gout, etc. It can hardly be doubted that such persons would be highly sensitive to the morbid influence of remedies capable of inducing disease similar to that to which they are prone; and these, I think, we are apt to call idiosyncrasies. True also is it that contingencies may arise temporarily or permanently from the various environments of life after birth, and by the habits of the patient, and so on, and this one might term an artificially induced susceptibility or post-natal idiosyncrasy. The difference of the effects of different densities is a subject quite distinct from the questions of differences produced with regard to solubility, and this again is distinct from capacity for absorption. Power or dynamism does not appear to be an easily understood appellation for these several varieties of capacity evinced by the various organs, according to its generally used meaning. Although we do in some cases speak of the power of a jug to hold water, we should rarely refer to the dynamism of a vessel; such a term would better apply to its friability than to its capacity of volume. Nevertheless, dynamism has hitherto been taken to apply to that therapeutic (curative) force, which implies

also the conditional and special receptivity of each organ.

On January 28th, T. E., aged 17 years, a tall youth, full grown for his age, with fair curly hair and appearance somewhat strumous, presented himself for treatment of chronic sore eyelids. "The upper and lower lids of both eyes are red, yet not much swollen nor thickened." The lids present that tarsal rawness and almost complete absence of eyelashes, which is so frequently seen among the chronic cases attending the ophthalmic department. For the long period of "six years" these symptoms have continued, with very little improvement, but he has not been under homœopathic treatment. Eyelashes have occasionally appeared for a time, but in a very imperfect form, and have soon disappeared again. Eyes gray. Disposition not nervous. Temperament inclined to sanguine, though at present the complexion is pale, and he is weakly looking.

"The under lids are the worse, more sore and red than the upper, but without eczematous eruption." Edges of lids red and raw looking.

January 28th.—*Natrum mur.* 6 cent. gri. t. d.

February 4th.—He expresses himself as greatly better. The right eye is very much better; the redness in these few days has nearly all gone from it. The left eye also shows some improvement. The bright red sore appearance is much less to my own observation, and his general look of the face is healthier. Repeat medicine.

February 19th.—Is still further improved. Right eye nearly well. The eyelashes have just grown all along the upper lid, where there appears a uniform row of strong lashes, each hair about a fourth of an inch in length. This crop is the first of the kind for six years. He has had crops come out before, but never of such length and strong growth.

Left eye still further improved, but still deficient in eyelashes. General soreness diminishing. Ectropion less,

and not noticeable now in right eye. The patient got so well that he discontinued treatment as cured, for after the medicine was repeated on this occasion he did not require to attend again.

Cases of this kind often tax the ingenuity of the physician to cure, sometimes even to ameliorate. It may be possible to improve the state for a time by local applications, and perhaps even temporarily stimulate the growth of hairs by local applications, but the benefit so obtained is too often an evanescent one. It is more difficult to cure it by reaching the *fons et origo*. I have sometimes persevered for long with dilutions low and high of *Hepar*, but although eventually getting some benefit, and the same with *Sulphur* and *Calcarea*, I have never noticed so immediate an improvement as took place in the instance related under this brief period of treatment with *Natrum muriaticum*.

Hering gives us an indication : *Nat. mur.* : "Affections of the eyes maltreated with *lunar-caustic* ;" also "Blepharitis : feeling of sand in the eyes, mornings."

Lycopodium.—Lids red and swollen, with painful soreness or discharge of pus, the lids being puffed out. Styas and pustules.

Calcarea C.—Lids red and swollen. Nocturnal agglutination ; gummy by day. Smarting pain.

Sulphur.—Ulceration of margin of lids. Lids swollen, burning, smarting. Aggravation from bathing the eyes. Dryness in the room, lachrymation in the open air (*Caust.* and *Silica*). Agglutinated at night. Spasmodic closure in the morning. *Natrum mur.* has also spasmodic closure, and all these medicines may produce more or less itching and photophobia.

Causticum.—Constant inclination to rub or touch the eye to relieve a pressure in it. Lids feel heavy. Agglutination and lachrymation. Like *Sulphur*, dry in the room, worse in open air. Warts on lids.

Cistus.—Chronic strumous lids.

Hepar.—Inflammation, with soreness to the touch. Surrounded by small pimples. Lachrymation.

Sepia.—Redness, styas, dry scurf on lids, heaviness of lids on awaking, nocturnal agglutination (*Sulphur*). Lachrymation mornings and evenings.

Silicia.—Blepharitis, with morning agglutination. Lightning-like flashes in the eyes. Tearing, shooting or stinging pains. Furuncles.

The symptoms of *Nat. mur.* are elective in the right eye, but appear also in the left. The right eye of my patient began to improve before the left.

CASE XVII.—*Weakness with Chills cured by Natrum Muriaticum*.—February 17th, Mary H., aged 42. Nervous temperament. Came under treatment for debility. Complexion pale and slightly sallow. Eyes gray. Face of a cadaverous appearance. Much weakness. Feels weak all over, and has become unable to follow her daily duties. "It is a trouble even to go upstairs." The menses are regular, lasting variably from four days to a week in duration, and moderate in quantity. Yellowish white leucorrhœa during the intervals very troublesome. Is chilly in the mornings, but is more especially so at noon-day. Has headache, pain in vertex and in temples. Does not observe cold sweats. The hands burn. At times the hands become sore and hot ; at other times the hands are cold. *Nat. mur.* 6 c. gri. t.d.

February 24th.—Feels "much better," though still rather weak, and there has been some slight dull pain about the shoulder blades. She "has not felt the cold chills since taking the medicine" (a volunteered statement).

Proving of *Nat. mur.* yield : "Chill predominates, mostly internal. The hands and feet icy cold from morning till noon. Chilliness over the back, beginning in the feet or in the small of the back. The heat is of brief duration, and if with headache is soon followed by sweat, sour, weakening,

and increased by any exertion, yet relieving the headache and other pains. It is advantageous to refresh the memory with symptoms so special and peculiar as these.

The patient says, "she has not much to complain of now." Cured.

Compare *Sepia* and *Sulphur*.

CASE XVIII.—Matilda C., æt 34. Commenced treatment April 5th. A pale, sallow, weak and thin woman, complaining of debility and "indigestion." "She has the sensation of a round ball lodged in the throat." Has aching pain between the shoulder blades. Sour eructations after food sometimes. Has cold chills, and often during the day feels intensely cold, and the chilliness is followed by marked sweatings—hot sweats. There is pain too experienced all over the region of the stomach (referred chiefly to epigastrium). Dyspnœa especially on exertion. She has to work all day, and feels quite unfit for it. She is knocked up and very prostrate after any daily work. The sweatings during her work are very copious. The tongue not much coated, but very tremulous. Stools very costive, not moved oftener than every three or four days. The saliva in her mouth tastes "very salt," and a piece of "tough white fleshy" substance, as she expresses it, rises from the throat towards the mouth in the morning on rising, which she again swallows. She has a troublesome craving for food. *Natrum mur.* 12 c.

April 12th.—Feels much better. Repeat.

April 20th.—Complains of little else except the constipation, which is still troublesome; stool only every third day. Finding her so much improved in every way but for the constipation, I changed the medicine, and gave *Sulphur* 3 t.d.

April 26th.—Less constipated, but the improvement not very marked. *Sulph.* 3x t.d.

May 3rd.—Much better. Repeat.

May 18th.—Some stomach flatulence, constipation, and sour risings.

Nux vomica, 6 mornings and *Lycopodium* 12 evenings.

June 7th.—Better of former symptoms, and nearly well. Repeat medicines.

Now nothing further is heard of his case until August 30th (more than two months), when she comes, after having taken a cold, with bronchitic symptoms and pain in the chest, for which she is treated, according to the usual indications with *Bryonia* and *Mercurius*, until October 11th, when her case is entirely cured of the cough there being only a little easily detached sputum coughed up in the mornings. She felt in good bodily health, and was discharged so far well as not to require more than a few more doses of the last-named medicine. I quote the case chiefly in reference to the beneficial effects of the *Natrum muriaticum*.

The improvement of general health is here again most noticeable, in addition to the cessation of the ague-like symptoms, throat and stomach ailments, as well as the dyspnœa. Although, as was seen, the constipation alone did not so readily give way. Perhaps this had been long in existence. In this case we learn the use of *Nat mur.*, wherein it corresponds to the provings chiefly in the saltish taste of the secretions of the mouth (very marked symptom in this patient), with increasing salivary secretion. "Throat dry, and hawking of transparent mucus. Feeling as of a plug in the throat." (This patient compared her sensation to that of a ball lodged in the throat).

"Excessive hunger, canine hunger, yet with weak body and depressed mind." There may be, however, the reverse condition—anorexia. One can hardly believe that a reverse symptom of this nature could be dependent exactly on the dose. Probably it has other contingencies besides this, and so it may be as regards many other symptoms, which, as stated in contrast, appear as merely reverse conditions, but which may be in reality only different phases

of a similar diseased action going on in one or in different persons. They can be only temporarily antagonistic.

“Longs for salt or bitter things.” (Hering.) The marked tendency to sweats of *Nat. mur.* is a peculiarly impressive symptom—even while eating, there is sweat on the face, and after food, eructations of acidity, heartburn, palpitation; and bread and fat disagree, as also do acid things, and after eating, there is prostration. The appearance of the skin is sallow or yellowish.

The constipation of this medicine is from inactivity of the rectum, and the stool is hard; the dyscrasia often herpetic. Then again in the proving is noted the oppressed respiration and shortness of breath on walking fast. The unrefreshed feeling on rising in the morning, weakness of the limbs, and yet sensitiveness of the parts engaged in movement as if sprained, show us how the whole system participates in the malaise induced by this medicine. This, with the diurnal sleepiness, renders the patient incompetent to perform the daily round of work with ease and comfort, and the warmer the weather the more is this feeling of debility experienced.

When *Nat. mur.* extends its action to chill, heat, and sweat, we find that the chill predominates and is felt all over to even inside the body; the extremities too are very cold, and some sweat occurs on the soles in the axillæ and in the palms. The chill begins in the morning, and going on till noon, which is a long period for chill to last. Now the blood flies to the head, and then may occur a bursting headache, or flushes of heat may be noticed, and when the heat comes the headache only becomes worse, but is relieved, however, when the sweat breaks out. At this time the urinary deposit is red and sandy, and of a muddy or turbid appearance; and these attacks of ague-like symptoms are attended by the marked languor and the loss of flesh so common to the effect of *Natrum muriaticum*. It may

be interesting to enquire whether this pathogenesis of the drug be not the reason why sea baths judiciously employed, and especially hot salt water douches, are so surpassingly efficacious in many of the very debilitated, especially young weak girls and persons recovering from illnesses. The sweats, moreover, when copious, are easily induced by any exertion, are sour, and are only weakening to the patient.

[Compare *Merc.*, of which the sweat is mostly at night, and follows the chill which occurs in the evening; whereas *Nat. mur.* has morning chill, and in the night the patient is rather heated and restless, and sweat is scarcely at all marked at night.]

These symptoms of *Natrum muriat.* occur chiefly from sunrise to sunset, that is, they are diurnal. These symptoms show the adaptability of *Nat. mur.* to cure the condition which existed in the case cited.

Lilienthal classifies *Nat. mur.* under the class, “When the sweat prevails,” and certainly sweats prevail and are very copious with *Nat. mur.*, but to this we may add that the chill also is decided and prolonged. Again, the same author classifies for us medicines when the chill comes first and then the heat, or when the chills and heats alternate. There are many medicines for the varieties in sequence and degree of chill and heat or *vice versa*. Their name is legion. But if we exclude all but those devoted to chill and heat with predominating sweat, we have such a group as the following, to which likewise belongs the property which some cases may present, as was the case of the woman in the recorded case, where these symptoms alternate, or repeat themselves within a limited time, thus assuming an apparent alternation:—

Bell.—Evening chill; heat very marked, continuous and not in flushes, burning dry heat, short copious sweat.

Bry.—Evening chill, worse in warm room than in open air; night and morning sweat with thirst.

Sulp.—Evening chill without thirst,

also chill by day. Heat afternoon and evening, the feet cold or hot, with burning soles; puts feet out of bed for relief; flushes of head. Chill every eighth day, or every one or two weeks.

China.—Chill preceded by palpitation, anxiety and hunger, without thirst; chill and heat alternates in afternoon morning and night sweat with thirst.

Verat. a.—The chill alternating on single parts, soon passes into sweat which is cold and clammy. Evening heat, profuse sweat morning and evening or all night. Cold sweat worse on forehead.

Nat. mur.—Morning chills 10 to 11 A. M. Soon followed by heat. Sweat copious on least exertion.

It may be interesting here to observe that the *Pulsatilla* symptoms under which is not noted so much tendency to alternate chill and heat, that the chilliness flits from part to part, occurs at 4 P. M. and evening. The heats are well pronounced with red face or with one cheek only red. The chill and sweat is one-sided, and the patient feels also chilly in the warm room (*Bryon. alb.*).

And as regards *Merc.* and *Arsen.*, so like this group in two respects, they differ in this, that the heat and the chilly feeling are felt by the patient at the same time (heat occurring simultaneously with the chill). *Nux v.*, *Merc.* and *Ipec.*, useful as they are for certain forms of ague, produce symptoms quite distinctive from those just referred to, as is well known.—*Homœopathic Review*.

ARE PALLIATIVES NEEDFUL TO DEADEN PAIN IN HOMŒOPATHIC PRACTICE?

BY

DR. BAYES,

Brighton, Eng.

With much that has been said on this point every reasonable man will agree, and indeed with much of what

has been alleged by each of the controversial duellists. If asked by an earnest cure-worker whether chloroform is not to be used for alleviation of the pain of a surgical operation, few would dare to refuse the patient the mitigation of suffering which follows the use of an anæsthetic. But it is not necessary in all cases. Dr. Pope, I think, instances *gall-stones* as one of the cases in which Homœopathy is not to be trusted. Here Dr. Berridge, I think, objects very properly. I can bear my testimony to the remarkable power of *Calcarea Carb.* in relieving the pain caused by the passage of gall-stones. Dr. Hughes alludes also to this effect.

Again, very violent spasmodic stricture of the rectum I have seen yield completely to *Coffea Cruda* in the 12th dilution. I knew the case of a well-known baronet who, when dying of *cancer of the tongue* got no relief from opiates, nor from injections of morphia, etc., yet who sank to his inevitable rest with comfort and freedom from pain, his last weeks soothed by *Spigelia*, his friend and physician being prompted to this homœopathic remedy by a homœopathic doctor who did not even see the patient. Latterly a lady consulted me who had for many months suffered violent right-sided pain from liver to right ovary, under some of the most celebrated doctors of the anti-homœopathic school, so excruciating as to refuse to yield to opiates and subcutaneous injections of morphia, etc.; she was wholly cured, and is now on a journey of more than 1,000 miles, after taking *Cimicifuga racemosa* 3x (two-drop doses twice a day), and of the same medicine 30th dilution every night for a week.

CONGESTIVE APOPLEXY.

M. J., mason by occupation, was brought to me on the morning of the 8th June, 1882, when I observed the following symptoms: Head hot, pupils normal, conjunctivæ slightly injected,

slight facial palsy of the right side, complete aphasia, is insensible to external things when spoken to, he mutters unintelligible and incoherent words, tongue coated and seems to deflect slightly to the left side, surface of the body of natural temperature, skin soft and supple. Temp. 98.8, pulse 72 regular but hard; his friends stated that he has not passed any motion since yesterday morning nor voided any urine; both the extremities are sound. He is unable to sit. Breathing undisturbed. *History*: his friends stated that he was seen day before yesterday after return from work at about 12 noon. After this time he was not seen by any of his companions till yesterday morning at about 6 A. M., when he was found lying naked and insensible in his bed; his friends tried to cover him, but he threw the coverings off. They watched him since yesterday morning, and gave him little to drink every now and then. Besides this nothing was given to him, and early this morning he was brought to me. I prescribed *Opium* 3 every hour. I saw the patient again at 1 P. M., but did not find any alteration in the symptoms, so I prescribed *Belladonna* 12, a few drops in a tumblerful of water, one spoonful every hour. I saw him at 6 P. M., when the temperature was 100, pulse 70, hard but regular, had no motion, no urine, slight twitching of the upper extremity. I passed a catheter, and drew about 12 ounces of high-colored urine. At 8 P. M. he passed one hard feculent stool. *Belladonna* was steadily continued every 2 hours. On the morning of the 9th, temperature 99, pulse 76, hard but regular. Tongue coated white, moist and red at the edges, patient is sensible; when asked, says he is better, slept at night, no twitching, no headache, and can easily sit up in bed; at 5 P. M. passed urine freely and was perfectly rational, and told me that previous to this attack he suffered from fever and headache for about six days from this date; the progress of the case became favorable, and he

was discharged cured on the 15th of June, 1882.—*Calcutta Jour. of Med.*

CHOREA CURED BY CINA.

BY

B. N. BANERJEA, L. M. S.

P., aged eleven, thin and tall, had been suffering from fever for a long time when she was at Calcutta. The fever was an obstinate one; it had baffled the attending physician's skill. Large doses of quinine and other antiperiodic medicines were given to no purpose. She suffered from fever continually for two months. At the beginning of the third month choreaic symptoms began to show themselves. The female members of her family rightly attributed the symptoms to the heating effect of quinine. The girl began to lose control over her emotions. She would sometimes laugh, at other times cry, on the slightest exciting cause. The case at this time was diagnosed as hysteria. Soon after this slight clonic spasms of the facial muscles were noticed; gradually these clonic spasms extended to the voluntary muscles of the limbs. Her arms (particularly the left one) would start all at once. She became unable to stand without the aid of any one. The legs (particularly the left one) would start up at once from the ground. In fact, she lost all control over the left leg and arm. There was a good deal of twitchings and crampy sensations of the left arm and leg. She would also sometimes complain of lacerating pains in the affected limbs as well as in the head. In attempting to walk without any one's aid she would fall down, not to the front but to the right side. At times the arm (left) appeared paralyzed. Pupils were dilated. While at Calcutta she vomited a round worm, for which *Santonine* was given her several times without expelling any more worms. There was a good deal of sleeplessness. Large doses of *Bromide of potassium* and chloral were

given nightly to produce sleep. Later an European physician was consulted. He diagnosed the case to be chorea, and advised Bromides, Fowler's solution, plenty of good food and air. He also assured her guardians that it would take six months or perhaps more to cure the child. The girl came under my treatment on the 1st week of August, 1882. Taking all her symptoms into consideration, and guided by the expulsion of a worm, I prescribed *Cina* 3 thrice daily. *Cina* produced good effect in a couple of days, and was therefore continued for a few days more, with an occasional dose of *Belladonna* in the night to combat sleeplessness. In a fortnight the girl completely got rid of the whole train of symptoms. She can now not only walk but run about with her playmates.

In the latest and perhaps the best work on chorea, by Dr. Octavius Sturges, we find under the head of treatment — tonics and good food only. He also gives his prognosis guardedly. In his opinion, six months' time is not too much for a case of chorea to cure. Now in this troublesome and intractable disease there is no so-called specific medicine to combat with according to the orthodox system of medicine, but we can many a time cure such cases with homœopathic medicines in a very short time when properly selected.—*Calcutta Jour. of Med.*

CASE OF WORMS SIMULATING MENINGITIS.

BY

T. K. D., L.M.S.

Bombay.

M. M., aged 6, was laid up with fever and inflammation of the lymphatics of the right thigh on the morning of the 24th, April 1882. The child could not get up in the morning as usual and complained of great pain in the right thigh which was much swollen; pulse rapid, tongue coated,

eyes heavy, with slight headache and seemed little drowsy, complained of great thirst, could not take his food as usual and said he had no appetite. The child belonging to my family, I saw him early in the morning, and from the previous knowledge of his complaints I thought he was suffering from symptoms of worms, and so gave him *Cina* 3, one pill every 2 hours. At 10 A. M. the fever gradually increased and the child became more drowsy; did not like to be disturbed and complained of severe headache, accordingly I gave *Belladonna* 3 in alteration with *Cina* 3 one pill every hour. The medicines were regularly given, but at about 7 p. m. the symptoms instead of improving grew worse, temperature rose up to 105, skin hot and dry, pulse rapid, was more drowsy, the drowsiness almost amounting to stupor, complained of headache and noise in the ears and said he was quite blind, pupils not dilated, he could neither see light nor see and recognize family members. The case being in my own family, I thought it advisable to consult some medical man and so called a medical friend of mine who was very near us. At first he thought this to be a case of meningitis, but afterwards we both agreed that the case was one of worms and that the nervous symptoms were only reflex. I omitted *Belladonna* and continued *Cina*. At about midnight the child showed some signs of improvement. On the morning of the 25th he passed one motion containing the large round worms and seemed much better. The passage of worms verified my diagnosis; early this morning I gave him one powder of *Chenopodium anth.* and continued *Cina* 3 during the day. After the passage of worms the eye symptoms completely disappeared. The child was apparently all right by evening, the inflammation of the lymphatics had nearly gone down and he could walk about, all the remaining symptoms disappeared on the third day. Every day *Chenopodium* powder in the morning and *Cina* during the day was given.

Remarks.—I have seen many cases of worms with reflex nervous symptoms, but in no case the symptoms were so severe. Also it will be observed that the inflammation of the lymphatics was also reflex and it did not require any local treatment. The inflammation subsided with other symptoms.—*Ibid.*

TOOTHACHE RELIEVED BY PLANTAGO MAJOR.

1. A. C. S. came under my treatment for an agonizing attack of toothache due to decayed teeth. There was a good deal of swelling of the left cheek and he could not sleep for two nights successively. He fomented and applied poultice to the swelling to no effect. With great difficulty the finger could be introduced inside the mouth to examine the decayed tooth.

Following Dr. Hales' advice I prescribed *Plantago major* 2x, one drop every quarter of an hour. The patient got sound sleep after the third dose and slept for four hours continually. The next day the swelling went down so far that the diseased tooth could be easily examined. The pain however would relapse every day and go away after two or three doses of *Plantago*. The tooth was found to be much decayed and therefore was extracted after a few days.

2. R. N. B. always subject to toothache. The aching increases when acid water is drunk. *Plantago major* 2, thrice daily for a week, has kept the ache in abeyance till now (5 months).

3. A child came under my treatment for toothache due to decayed teeth (milk). *Plantago major* 2x, internally and the same in 1st decimal dilution externally, relieved the child effectually.

4. A gentleman came under my treatment for swelling of the gums with intolerable toothache. There was no decayed tooth in this case. The patient during the pain thought

that his painful tooth rose from its socket. *Plantago major*, externally and internally, cured both the swelling and pain in a couple of days.—*Ibid.*

ACUTE GASTRITIS: CAUSES, SYMPTOMS, AND ANATOMICAL CHARACTERISTICS.

BY

W. H. JENNEY, M. D.,

Kansas City, Mo.

(Read before the Am. Institute of Homœopathy.)

Etiology.—This disease being an inflammation of the mucous membrane of the stomach may arise: 1. From cold. 2. From undue irritation after a too hearty meal, or indigestible or strongly acid food. 3. From severe medication. 4. From irritant poisoning. The most common of the irritant poisons are ammonia and condensed lye, and, among medicines, croton oil, castor oil, and tartar emetic. Anti-hygienic agencies likewise conduce to the affection, as damp or crowded apartments, in which children are caused to breathe a vitiated atmosphere or noxious gases. Who has not been called to such cases in our crowded cities? A wonder being that the disease is not tenfold more prevalent.

Symptoms.—The most prominent symptoms of acute gastritis may be enumerated as follows: Vomiting of yellow or acid matters; urgent thirst; pale, livid features; sunken eyes; or fearful expression, the child complaining if left alone; great sinking of the vital forces, with cooler skin than normal, and, during vomiting, apparently distressing pain, with tenderness at the epigastrium; the bowels, usually, are not distended. The duration of the attack is about one week, but may terminate earlier in collapse. The mouth may or may not be filled with confervoid growths resembling thrush or aphthæ; and this is generally the condition.

Anatomical Characteristics.—The inflammation is most marked at the

cardiac orifice, forming small points of ulceration. The inflammation appears to lessen as it approaches the pyloric orifice, and is not uniform, healthy membrane being observed between the more intense and less inflamed patches. The stomach too contains a large amount of mucus, the membrane being thickened and softened, and, after death, may be readily peeled away.

Age.—The age at which this affection most frequently occurs is during the first six months, where the child is deprived of its natural nurse and the bottle substituted, and is rarely seen where the child has a healthy nurse, unless produced by drugs or irritant poisons. I will now relate a case illustrative of the last cause.

Case.—S. H., aged eighteen months; fair complexion; brown eyes; usually healthy. Poisoned by drinking ammonia-water, or water containing spirit of ammonia, designed for washing the head. Immediately after drinking of this solution vomiting set in, followed by acute gastritis. This was controlled by the usual homœopathic remedies, and a milk diet. Several weeks later I was called to the same patient in consequence of a similar poisoning, this time from swallowing condensed lye, and with symptoms much more severe, persisting for several weeks. After the acute effects had subsided a partial convalescence ensued, succeeded by recurrence of subacute attacks, with much vomiting, great prostration and little pain; the only food taken being milk, and very fluid corn-starch made with milk, which may, however, be made without. This condition lasted about one year, with almost restored health. At this period the case was removed from the city, and, under another physician, died from congestion of the brain, probably a reflex condition.

At no time during the continuance of this case was there any sign of stricture in the œsophagus, as one might expect to find from so irritated a case of poisoning.

LONG-STANDING CASES OF VICARIOUS MENSTRUATION CURED BY SENECIO, AFTER THE FAILURE OF PULSATILLA.

BY

DR. HARMAR SMITH.

Ramsgate, Eng.

A. R., æt. 19, maid-servant, sanguine temperament, florid complexion, stout and good-looking.

July 10th, 1882.—Came to my dispensary with the following medical history. Her general health very good. Began to menstruate at fourteen, continued to do so more or less regularly till sixteen. Since then, or during a period of three years, the catamenia have entirely ceased, but have been replaced by hæmoptysis. She spits blood for one day during every month. I gave three drops of *Pulsatilla* (1x) three times a day.

17th.—No menses; continue the medicine.

24.—Report as before; continue the *Pulsatilla*.

30th.—Five weeks since she last spit blood, or a week after the usual time. No catamenia. Discontinued the *Pulsatilla* and gave *Senecio gracilis vel aureus* 1x, two drops three times a day.

August 14th.—The menstrual discharge returned on the 8th instant, or on the tenth day after commencing the *Senecio*.

28th.—Came back complaining of pains in the chest, for which I gave her *Nux vomica*. Possibly it might be caused by the cessation of the hæmoptysis. I told her to resume the *Senecio* a week previous to each menstrual period.

It is unfortunate that this invaluable medicine has not been proved upon a healthy woman, although Dr. Hale's "New Remedies" contains some provings on men. From its uses in *morbis*, however, of the female genital organs, it is known in America as "the female regulator." Dr. Hale also refers to a case in which it cured pulmonary hæmorrhage. May not this double property account for its action in my own case in deter-

mining from the lungs to the sexual organs?—*Homœopathic World*.

SOME OF THE CONSEQUENCES OF PHIMOSIS AND ADHERENT PREPUCE.—After brief reference to the antiquity of the custom of circumcision among the Jews and Egyptians, the writer (*Editor Louisville Med. News*) gives Dr. Sayre due credit for demonstrating these conditions as bearing a causative relation to irritability of the bladder and arrest of development of the lower extremities, etc., by reflex action, and proceeds to state that Dr. Sayre has not covered the whole ground.

“Dr. Barwell, in his *Treatise on the Diseases of Joints* (page 289) states that he has had forced upon his observation the coincidence of phimosis and hip-joint disease, which in his experience has been so frequent as to draw from him the opinion that it is not fortuitous, but is a physiological and potent relation—probably a cause to be ranked along with the strumous diathesis and local injury.” His conclusions are based on a large number of cases and upon the observations of Mr. Baker, at Evelina Hospital, that that Jews rarely have hip-joint disease.

“In Warren’s *Treatise on Hernia*, just issued, there is quoted (page 17) an essay by Samuel Osborn, F. R. C. S., upon *Phimosis as a Cause of Hernia in Infants*.” This essay was prompted by noticing the frequent co-existence of these conditions. “He thinks that the contracted preputial orifice offers such an impediment to the outflow of urine that extraordinary efforts of straining are occasioned,” etc. “Again, Mr. Kempe is reported to have found that out of 50 cases of congenital phimosis, in 31 there was rupture.”

“In the *Alienist and Neurologist* for Oct., 1881, Dr. E. W. Saunders reports four cases of reflex gastralgia dependent upon adherent prepuce.” The first of these was relieved, after

failure with the usual remedies, by circumcision; the second, by detaching the prepuce. “The other cases were of the same nature, though the family history was not so good.”—*Louisville Med. News*, Jan., 1882.

ATROPINE IN MANIA.—Dr. J. R. Gasquet (*Lond. Pract.*) finds atropine useful in cases which had been previously benefited by hyoscyamin. He recommends the drug on account of its comparative safety and cheapness.

DIAGNOSIS OF FŒTAL MONSTROSITIES.—By Prof. G. Calderini. There are no positive points for diagnosis of a malformed fœtus ante partum. It is, however, a point of great practical value as it would frequently change our entire method of delivery, if the viability or non-viability could be determined ante partum. The author calls attention to the following points, which should awake suspicion and direct our attention to the possibility of an existing malformation. He refers to the presence of an excessive quantity of liquor amnii. In three successive cases, he found such relationship existing between fœtal malformation and excessive liquor amnii. He supports his theory on the origin of the liquor amnii, for as it is supposed to mostly originate from the kidneys of the fœtus, an increased pressure in them must necessarily increase the waters. To prove this point changes in the vessels or heart must be shown to exist. In three cases out of four the writer found good grounds for the disturbed circulation, in the presence of only one umbilical vessel, a lengthening of the heart, pathological curvature of the spine, etc.

He hoped these remarks would lead to further observation of the relation existing between hydramnios and fœtal malformation.—*Deut. Med. Zeit.*

THE AMERICAN HOMŒOPATH.

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Our columns will always be open to a courteous and free discussion of all subjects connected with our practice, as much as our space allows; but we do not hold ourselves responsible for the opinions of our contributors, *unless induced in our editorials.*

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EDITORIAL.

IN assuming editorial supervision of the HOMŒOPATH, the editor, whose name appears in this impression for the first time, simply desires to express his intention to endeavor to make the journal of value and service to its subscribers; and to this end asks the cordial support of the profession.

No radical change will be made in the present policy of the HOMŒOPATH; but as heretofore it will endeavor to reflect the opinions and growth of our school in all parts of the country. Our motto will be—the greatest liberty to all in precept, the only basis of an intelligent and successful practice.

THE STATE SOCIETY.

The Homœopathic Society of this State held its annual meeting at Al-

bany on Feb. 13th and 14th. The attendance was large, and the session interesting and profitable.

The mostable event was President Mitchell's address, on the evening of the first day, in the new Assembly Chamber; a few extracts from which we print elsewhere. Besides this there were presented able papers by Prof. Dowling, W. Y. Cowl of New York, H. M. Paine of Albany, T. L. Brown of Binghampton, and many others, some of which we hope soon to lay before our readers.

The next semi-annual meeting will be held in Ithaca on the second Tuesday in September, with the following officers: E. Hasbrook, president; W. B. Kenyon, W. M. Butler, A. L. Clark, vice presidents; A. P. Hollett, secretary; and E. S. Colburn, treasurer.

MEDICAL ETHICS.

Medical ethics, or rather allopathic ethics, engrossed the attention of a recent meeting of the New York County Society. It would seem that there are some thirty per cent. or more of the members of this dignified association who believe that it is morally reprehensible for any member of that society to consult with a legally qualified practitioner not a member, even although the demands of humanity require it. Well, it is none of our fight, and we can with amused complaisance watch the beligerous factions in our sister society; but it does look as if somebody was dreadfully afraid of the homœopathic bug-a-boo.

It is needless to say that the members of the old-school fraternity, who

are most noted for personal urbanity and kindliness, for broadness of culture and noble public spirit, are not among the minority, who seek to perpetuate medical intolerance.

For our part, as Dr. Sayre makes himself the champion of the old code, we may be permitted to remark that we are not lying awake nights from anxiety to consult with him, nor are we aware that any of our patients are suffering for lack of his urbane attention. And if the truth may be spoken out loud, there is more desire on the part of the allopathic wolf to assimilate the homœopathic lamb, than the lamb appreciates.

COLLEGE ATHLETICS.

The recent outcry against college athletics is quite as senseless and unreasonable as many other popular theories of the day. The idea thus persistently expressed assumes that students who devote time to the cultivation of muscle necessarily neglect the college curriculum.

Now, not only are the lessons of self-denial, courage, and perseverance taught by the successful pursuit of athletic sports among the most valuable that a young man can acquire as a basis for business efficiency in after life, but it is further noteworthy that in actual scholarly attainments the athletes of the foremost American university (Harvard) are above the middle of their respective classes. President Eliot, speaking of the eighty-four different students who were members of the university crew, base-ball nine, or foot-ball eleven, from 1873 to 1883, says that "the average standing of the whole number

was represented by seventy-two in a supposed class of one hundred."

Unquestionably the hygienic force of habitual out-door exercise adds largely to the after-available vital power requisite to achieve distinction in business or a profession. If medical students were encouraged to spend a portion of time in the healthy development of muscle and breathing power, it would improve the chances of their making good doctors. In no profession is good health so necessary as in ours. Yet in none is health so persistently ignored and undermined as while the student is going through the struggle to assimilate six or seven lectures daily, besides the clinics, dissections, and special recitations which fill all the spare hours from morning until late into the night. That this results in permanent deterioration of health in many cases we have been pained witnesses. The college authorities who would have the wisdom to so reconstruct the method of instruction as to send out students equipped with physical vigor, in addition to a smattering of medical knowledge, would win the encomiums of thoughtful men everywhere.

BOOK REVIEW.

HOMEOPATHY: ITS PRINCIPLE, METHOD AND FUTURE. BY ALFRED C. POPE, M. D., London: E. Gould & Son. Pages 68, paper.

Dr. Pope takes in this little pamphlet a roseate view of the present and future of homœopathy. As the lecturer on materia medica in the London School of Homœopathy this was to be expected of him. That form of gratulation is pleasant to all of us, and does nobody any harm. Of course we believe that homœopathy is presently to be the dominant

school in medicine. The only difference amongst us is how that desideratum is to be best and most quickly brought about.

There is to be sure nothing absolutely new in his restatement of the principles of the method of Similars. yet his style is lucid and pleasing, and his argument in favor of moderation in dilution cogent and practical. While admitting that in some cases the very highest potencies are needful, he argues that in the large majority lower dilutions are equally successful, and that the use of such does not needlessly offend the preconceived notions of our allopathic brethren. And that by curing by means of very small but still tangible doses, we will convince and draw into the homœopathic ranks many who, educated in the allopathic faith, are seeking a more accurate and scientific therapeutics. It is a good little book to put in the hands of such an one, and its candor, moderation, and hopefulness may be relied upon to produce a favorable impression.

[Of the four essays here presented the first two are devoted to the fundamental dogmas of our school.—G. W. W.]

FAMILY PRACTICE OF SIMPLE DIRECTION IN HOMŒOPATHIC DOMESTIC MEDICINE. E. Gould & Son, London, Eng.

We have had occasion to praise the little work on domestic practice, the new edition now received has some few improvements which increase its value, and it may be considered the best small work for general use, and should be recommended when a book of its value is required.

SUPRAPUBIC LITHOTOMY, by WM. TOD HELMUTH, M. D. Boericke & Tafel, N. Y.

That the author of this work thoroughly understands the subject of which he treats is a well known fact as many cases on record have made

his name famous. The question of satisfactorily explaining the methods urged is a most difficult one, but the reader must reach our conclusion, that success has attended the author's effort. The seeming high price of the book is accounted for, when we turn to the valuable accompanying illustrations which are of an exacting nature and finely executed.

OLD-SCHOOL MEDICINE AND HOMŒOPATHY. By J. W. DOWLING, M.D. New York: C. T. Hurlburt; pamphlet, pages 26.

Mr. Hurlburt has reprinted Prof. Dowling's excellent article in the June (1882) number of the *North American Review*, and offers to send it free to any addresses furnished to him for the purpose. It is an excellent document for circulation among the laity, and we hope friend Hurlburt's generosity may be severely taxed.

FUTURE OF HOMŒOPATHY.

Dr. John J. Mitchell, at the meeting of the Homœopathic Medical Society of the State of New York, in the course of his address, said:

We had thought the battle for Homœopathy won. We were content, perfectly. Our schools were increasing and our numbers never so large. Hospitals, dispensaries and insane asylums were coming under our control in numbers rather greater than our professional corps could thoroughly man. As to success in our practice, we had presented statistics until we are tired, all demonstrating to the unprejudiced student that in the great mass of curable diseases our mortality was scarcely one-half that of our professional brethren of the "Regular" school. The wealth and intelligence of the land saw our success, and to a wonderful extent had become our patrons. Necessity had produced us specialists in almost every department of medical science; and

as to consultations, we were in the state of the milkmaid in the nursery rhyme, who replied :

“ ‘ Nobody asked you, sir ! ’ she said.”

There was a time, some years since, when we were without these specialists, and when we should have been pleased with gentlemanly, courteous treatment from members of the “ Regular ” fraternity in those cases where our law was not applicable, and where, from the fact of their having all the hospitals and most of the colleges, they could have the special training that we could not then obtain. But their treatment of us was neither gentlemanly nor courteous, and we have progressed until now we have surgeons, oculists, gynecologists and the like, who are the peers of any the “ Regular School ” can present. And besides this, we find in all our large cities eminent men, of the “ Regular School ” who refuse to be held by the slavish rules of an “ American Medical Association,” and who are willing to aid us freely and heartily, when we need such aid, in spite of “ Codes ” and “ Resolutions.”

But amid all this prosperity and peace, without our knowledge, and certainly not in obedience to any request of ours, a clause was incorporated in the Code of Ethics of the Medical Society of the State of New York to the effect that “ Members of the Medical Society of the State of New York and of the medical societies in affiliation therewith may meet in consultation legally qualified practitioners of medicine. Emergencies may occur in which all restrictions shall in the judgment of the practitioner yield to the demands of humanity.”

This change of position met the hearty approval of the public, and the members of the society were applauded for the noble, consistent position they had assumed.

We, as homœopathists, were of course pleased that our “ Regular ” brethren had finally taken their stand upon the platform of freedom of med-

ical action, upon which we had been for nearly a score of years. But the regular profession in other States, and almost all the Regular medical journals, rose in arms, and in alarm at this outrage, as they termed it, upon their orthodox, and, permit me to say, supercilious position. A storm of abuse began at once to descend upon the authors and supporters of the new code. Of course Homœopathy and its adherents came in for more than a full share of abuse and criticism. Thus the issue is once again forced upon us, and we are obliged to come before the public, not to ask position, for we have it ; not to ask for patronage, for it is ours in the wealth and intelligence of the land ; not to ask that institutions be placed under our control, for we have them in abundance. But simply to reply to the slanders and misrepresentations that have been urged against us in the public prints, and to deny the calumnies of those who, in speaking of us, are either not honest in their words, or have not taken the trouble to inform themselves of our present position, or of our present views.

* * * * *

For daring to have and to utter an opinion of our own upon medical subjects, they thrust us out of their county and State societies. In derision they gave us a distinctive name. Under this name, used as a banner, we are conquering the nation. They have become tired of the contest, and now say : “ No more distinctive titles.” Very well ; we cordially agree with you, but the first trade-mark name that has to be erased from party standards is that of “ Regular.”

But it is patronizingly said that “ now, forsooth, the Regular physician may perhaps consult and associate with the Homœopaths because they are better educated than they were in the past.” Perhaps this is so. By the closing of their doors, the Regulars have compelled our students to graduate in our own Homœopathic colleges to a very large extent ; and we know that since we have had to educate our

own young men we have done it thoroughly.

* * * * *

The dead past we have buried. The living present, with all its truths, increased intelligence, methods and appliances, is ours. In becoming Homœopathists we have never yielded our right to use any or all of these to their full extent, as our patients shall, in our individual judgment, require them for their comfort or their cure.

What then is a Homœopathic physician, the penalty of consulting with whom has been expulsion from State and National societies, and being generally ignored by a majority of medical men? In answer, I have to say that he should be profoundly versed in all the learning required by the "Regular" profession of its graduates in medicine. He should have superadded to this the best knowledge of Homœopathy, its law, its limitations, the proving of drugs and the application of such drugs to the cure of disease in the human economy that his time and his abilities will allow him to obtain. I do not know but I should add to this a natural tact for medicine. A genius for curing.

* * * * *

The battle for liberty of opinion upon medical subjects has just begun in the ranks of the "Regular" school. We feel assured that the medical gentlemen of the New York Society will not tamely submit to wrong and injustice. We believe that the conflict will be continued, and that it will in time succeed, or else a third medical medical association will be instituted, which shall be free to all thoroughly and legally educated medical men. Our sympathies and good wishes are with them.

ABSTRACTS.

THE HYGIENIC TREATMENT OF ALBUMINURIA.—The importance of hygiene in the treatment of Bright's disease has been recognized by all

authorities upon the subject. The most recent important contribution to the subject is that by Senator in an address before the Berlin Medical Society (*Berliner Klinische Wochenschrift* No. 49). He does not regard the loss of albumen as the most serious feature in the case, but it is important in so far as it aids our prognosis by indicating the amount of structural change suffered by the kidney. As regards the treatment of albuminuria, Senator points out the general uselessness of drugs in this regard, and dwells particularly upon the imperative importance of hygienic questions. With reference to feeding, the need of frequent rather than full meals is mentioned. As regards the choice of food, eggs and meat should be given sparingly. Lichtheim has pointed out that the use of food rich in proteids may lead to an increase of the urea in the blood, with its possible consequences. Fleischer has proved the same for phosphoric acid, and Senator, by induction, extends the idea so as to include the other end-products of the metabolism of proteid bodies. In consideration of the inability of the diseased kidneys to separate and remove these waste products, he recommends the use of meat poor in albumen,—veal, poultry, and white flesh generally, including fish; and the less albuminous vegetables are preferred, such as greens, salads, fruits, etc. The digestive powers of the individual must be taken into consideration, however, and the use of fatty elements will depend upon the patient's ability to assimilate them. Spirits and beer are interdicted, but red wine is usually allowed. Spices and strong aromatics should be avoided. Milk is especially valued as a diet, and may be associated with white bread as milk cure. Mineral waters and baths are beneficial in some cases, the latter having their chief effect on the skin. Due care of the skin, bodily rest, and the value of fresh air are insisted upon; but, as much physical exercise is injurious, carriage-exercise is the proper

substitute. The good effect of a change of climate is often very noticeable, which is not attributable solely to change of air and water. In warmer regions there is an additional advantage observed in the fact that the diet is more vegetable than animal, and the southern dry climates, such as the Riviera or Cairo, are preferred.—*Medical Times and Gazette*.

CONVALLARIA MAJALIS. — Prof. Desplats, of Lille, having administered lily of the valley to cases of cardiac disease in the condition of asystole, to those of albuminuric dropsy, and to cases of hepatic disorder, reports that in the heart cases the results were almost always satisfactory,—in several cases remarkably so; in the others they were doubtful or nil. The action of the drug seems very definitely directed to the heart and the kidneys. He believes that among those suffering with mitral insufficiency or stenosis with dysystolic, visceral stases and hydropsy, the extract of the lily of the valley, administered in the dose of from one gramme to one and a half grammes (fifteen to twenty-two grains), slows the cardiac contractions, makes them more regular, increases their energy, and in the space of two or three days provokes an abundant diuresis, which relieves these congestions and dropsies. The diuretic action is manifested to a much less degree in cases of Bright's disease, and not at all in other diseases. He warns, in conclusion, that the convallaria should not be continued for any length of time; at the end of eight or ten days the cardiac energy, in place of increasing, diminishes, and there is danger of heart-failure from the toxic effect of the drug.—*Revue de Thérapeutique*, No. 22.

According to Langlebert, the active principles of this remedy reside in (1) a glucoside, *convallamarin*, and (2) an alkaloid, *majalin*. In addition to these, the plant contains convallarin

(another glucoside) and an acid named majalic acid. The aqueous extract of the flowers and stalks with the roots and leaves (in the proportion of three to one) is the most powerful preparation.

Tanret advises the use of *convallamarin*, on account of its uniform strength, in place of the extract, which varies with the season and mode of preparation. This glucoside is soluble in water and alcohol, though not in chloroform or ether.—*Bull. de Thérapeut.*

DRESSING WOUNDS.—A new way of dressing wounds, which was discovered by accident, has been introduced in the clinic of Prof. Esmarch at Kiel by Dr. Neuberg. Two years ago there appeared at the clinic a laborer who had sustained a compound fracture of the forearm eight or ten days before, with considerable laceration. He had got a comrade to surround the whole forearm at once with a thick paste of peat mould, on which was laid a rough splint of wood. When he came to the clinic he was in good general health, and on clearing off the mould the Doctor found the wound to be healing beautifully, without any sign of suppuration. Dr. Neuberg was led by this experience to investigate the properties of peat mould, and his conclusion is that it is peculiarly valuable for dressing wounds, chiefly because of its great power of absorbing the products of decomposition.—*N. Y. Sun*, Nov. 26.

OSTEOTOMY AND TARSOTOMY IN CLUB-FOOT.—At a recent meeting of the Paris Academy of Medicine, Jules Guérin (*La France Méd.*, September 21) read a communication on congenital club-foot and its treatment, which he concludes as follows:

"1. That tarsotomy, ablation, and

resection of the bones of the tarsus in order to remedy club-foot, even the most marked, in the infant, is an operation which, in the name of principles and practice, should be re-proved as one of the most grave abuses of contemporaneous surgery.

"2. That this method, which results in a useless mutilation, dangerous from the double point of view of the form and the functions of the foot, can always be avoided and supplemented by the true orthopædic method, which comprises tenotomy, syndesmotomy, massage, and orthopædic apparatus.

"3. That tarsotomy (at the most, excusable only in the adult, and for inveterate club-foot) has not yet shown itself preferable, on the score of the dangers to which it gives rise, and the services it renders, to the treatment of the deformity by apparatus and shoes intelligently adapted to the deformity.

"4. Finally, it will not do, in order to justify culpable experiment of orthopædic tarsotomy, to invoke the possible applications of this method to the deformities resulting from disease of the bones of the tarsus after the disappearance of accidents causing them; those applications cannot be confounded in any way with those proposed for club-foot. A reservation is made with regard to the place of operations of pseudo-tarsotomy: experience, which alone will enable it to be estimated properly, has not thus far permitted it to be determined."

SASSAFRAS IN RHUS POISONING.—Dr. R. L. Hinton claims that sassafras tea is almost a specific for the rash produced by poison oak. This is an infusion of the bark of the red sassafras. The diseased parts are covered with compresses soaked in the cold infusion, while internally there is administered the infusion warmed, sugared and with milk according to the taste.

TREATMENT OF JOINT AFFECTIONS BY ELECTRICITY.—Dr. A. Joffroy, writing in the *Archives Générales de Méd.*, say that electrotherapy is only efficacious in cases of chronic arthritis, and is contra-indicated when the acute and subacute phenomena have not disappeared. In the joint affections of progressive chronic articular rheumatism, the results are but small; and when they are successful, they may be rather attributed to rest than to electhrotherapy. In chronic articular rheumatism with uncertain localization and progress, and especially in the chronic form of arthritis, consecutive on blennorrhagia, the puerperal state, or injury, more satisfactory results are obtained. The operation consists in fixing the positive pole of a continuous current battery, with from twenty to forty elements, either on the sides or on the upper or lower portion of the swollen joint, and moving about the pad representing the negative pole over the cutaneous surface. The skin becomes red and sensitive where the pad is applied. In the successful cases, the lesions were situated especially on the tissues surrounding the joint, which were indurated and resistant. There were neither fungosities, nor osseous lesions. This clinical fact explains why this treatment does not yield favorable results in gout and in chronic articular rheumatism. It is, therefore, especially in affections of joints, produced by wounds, by the puerperal state, or by blennorrhagia, but only after the disappearance of all the acute symptoms, that the continuous current may bring on either a complete cure, or at least a rapid improvement of the circum-articular changes and the restoration of movements.—*London Medical Record*.

* WHY IS CHLOROFORM SO WELL BORNE IN MIDWIFERY?—It has long been a recognized fact that the administration of chloroform in midwifery is not followed by the deaths

which so frequently happen when it is given during surgical operations. No explanation has, so far as I know, yet been given. The explanation, I believe, lies in the condition of the heart and vascular system during pregnancy. The changes undergone by the heart and vascular system during gestation are well known. The heart becomes hypertrophied, the venous system becomes enlarged by the distension of existing veins, and the development of fresh venules. The quantity of blood is increased. When chloroform produces fatal syncope, it does so by its depressing action on the heart. This is well known. When, however, the heart is strong, stronger than usual, as in the hypertrophied heart of pregnancy, it more easily withstands the action of chloroform.

PNEUMATIC DRAINAGE.—A new system for the protection of houses from the infiltration of sewer gas, and the disposal of town sewage, has been introduced at Paris and Lyons by M. J. B. Berliez, civil engineer, and former director of the *Compagnie des Vidanges*, of Lyons. An illustration of this new system can now be seen in working order at the barracks of the *Pépinière*, Boulevard Malesherbes, where a thousand soldiers are quartered, and with the permission of M. Berliez we were able to examine every detail of the process. Underneath the closets the old cesspool has been emptied, thoroughly cleaned, and converted into a cellar. Have we found M. Berliez's apparatus. From each closet above a pipe communicates with an iron cylinder or drum. Within this first receptacle there is an iron basket which will retain a hard substance, such as a brush, or even an infant if thrown down the drain. The detection of crime is thus facilitated, and the obstruction of pipes rendered impossible. A portable handle, affixed from the outside, is used about once a week to impart a strong rotary motion to this

basket; the presence of any hard substance is then detected by the sound, and any accumulation of softer substances macerated and driven out. From this first receptacle, and by natural gravitation, the liquified sewage flows into a second iron receptacle placed close at hand, within a yard or so. A large ovoid floater occupies the greater part of the space within, the pointed end fitting hermetically an opening at the bottom, where the pneumatic suction keeps the floater in its place. It is not till the receptacle is almost full of water that the floater is able to disengage itself from this suction, and, rising, enables the sewage to escape by passing under the floater into the pipes, where the pneumatic suction carries it away. This suction is produced by a steam engine situated in the suburb of Levallois-Perret, and the iron pipes, placed within the main sewers, communicate not only with the *Pépinière* barracks, but with several private houses, and with a *depôt* at the *Place de la Concorde*, where the contents of many cesspools are brought and emptied. The total distance is 4,600 metres. It is, therefore, on an extensive scale that the experiment has been tried and so far has worked well, giving rise to no sort of nuisance, and instead of allowing sewer gas to ascend house drains, drawing it, on the contrary, away. It is proposed to place these apparatus under all the houses of Paris instead of cesspools; to draw by pneumatic action all the sewage to *depôts* situated in the open country outside Paris, and there pump it forward distances varying from ten to fifty miles, where it may be used either to irrigate farms or be precipitated and converted into solid manure. It is calculated that the sale of this manure and an annual tax of £2 8s. for every house where the system is applied will cover working expenses and yield a large profit. This tax would be an economy on the present cost of emptying cesspools, and the sanitary advantages secured would be an inestimable benefit. The

principle objection to the system, so far as its application to towns such as Paris is concerned, rests in the fact that the iron used for the pipes must corrode under the action of sewage matter, and the slightest leakage would cause a total collapse of the whole system. Careful, constant supervision and prompt repairs would be indispensable. Then, the avoidance of a nuisance depends on the frequent usage of the closets, as fermentation would set in if the receptacles were left half full for a few days. Families leaving home would have to carefully flush their closets the last thing before their departure; for though each house would be thoroughly protected from sewer gas, it would not be protected from any noxious gas arising within the receptacles. Fortunately these receptacles are very small, and must, in ordinary households be frequently and automatically emptied during the course of the day; so that, generally speaking, there would be no time for mischief to arise.

NEWS AND ITEMS.

Women physicians have been refused permission to practice in Austria.

A Paris patent medicine man described his chloral syrup as "bottled sleep."

Professor Niemeyer in one of his lectures lately at Berlin asserted that Gambetta's death was due to the incapacity of his physicians.

Through an error of the printer, the street address of Mr. C. T. Hurlburt's pharmacy was wrongly given in last issue of this journal, correct address is 3 E. 19th St., N. Y. City.

The London *Practitioner* records a case of severe hysteria, with contractions of the lower extremities, which gave way to treatment with bread pills prescribed under the name of *pilule micæ pannis*.

With great pleasure I will express my opinion of Nestle's Milk Food for Infants. I have used it during the past year exclusively, and in a majority of cases have been better pleased with it than any article of food for infants. — G. C. Hall, Chicago, Ill.

Pasteur, the French scientist, is a man of low stature and powerful frame—spare, angular and weather beaten. He is a man of few words, abrupt, but clear in speech, and of quick, impetuous gestures. Although his frame rests upon minute material research, he is a steadfast believer in spiritualism and takes no interest in evolution theories or positive doctrines.

NEW YORK, Feb. 6, 1883.

The position of Resident Physician of the Hahnemann Hospital in this city is now vacant. A competitive examination will be held March 22d. The doctor to have his board, lodging, washing, and \$30.00 per month. Applicants may address

JOHN H. THOMPSON, M. D.,
39 East 30th Street,
Secretary of Medical Board.

The most learned woman in the world is Miss Ramnabal, a young lady of 20, who is now in Paris. She is a native of India, and can read and write and talk in twelve languages, having a wonderful gift in that way, besides being up in mathematics, astronomy, and history. She is studying medicine, and will go to India to practise, where she says thousands of her countrywomen die every year because they will not consult male physicians.

In the summer diarrhoeas of children we have found *Lactopeptine* of the very highest value. It is probable that weakening of the digestive powers is a very important factor in the causation of Cholera Infantum. We have found *Lactopeptine* a most important help in restoring these cases, when they have passed through the worst stages of that disease, as well as in warding it off when its onset seemed almost inevitable.—*St. Louis Clinical Record*.

According to the *Medical Times and Gazette*, the oyster contains fourteen per cent. of flesh-forming material, this being almost precisely the amount obtained from the egg. Lean beef contains but five per cent. more of muscle-making matter and but two per cent. more of fat than the oyster. Among the many thousand species of shell fish there are only two or three known to be poisonous; yet but few kinds, such as cockles, periwinkles, and mussels, are used besides clams and oysters. The consumption of periwinkles in London often amounts to 2,000 bushels weekly.

OBITUARY.

Dr. Maria B. Hayden, a prominent physician of this city, died on February 11th, after a tedious illness. Mrs. Hayden was an active practitioner for more than thirty years, and was noted for her superior skill as a diagnostician.

THE AMERICAN HOMŒOPATH.

NEW YORK, APRIL, 1883.

THE MORAL CHARACTER OF DISEASE.

BY

ALEXANDER WILDER, M. D.,
Newark, N. J.

Under the old etymological but now disused definition, the meaning of disease was simply the lack of ease ; and so both Spenser and Shakespeare employ the term. It has finally become the designation of ailments and morbid conditions. It is therefore no longer the equivalent of disorder, but is regarded as a more deep-seated affection. I don't quite like this, for it has a confusing tendency. I would prefer adhering to the older meaning, that of unhealth. That which interferes with vital economy, which disturbs the functions and disorders the organism is disease,—whatever be the name it is called by in a nosological vocabulary.

As the logical sequence, we must look to physiology rather than to chemistry to learn what may be known of morbid conditions. Chemistry, with all its admirable minuteness, is a science wide apart from studies of vital action ; we never ascertain the element or proximate principle in an organic substance till the life has abandoned it. Our discourses concerning this element in the blood, acid or alkaline conditions and the like, are all to be qualified in their import by the cognizance of this fact. What little consideration I would give to germ-conjectures is thus allowed for ; it is a septic matter alone.

Physiology, which relates to organs, and their functions, owes its very existence as a science to the fact of life. There is no mature, no real organism where there is no energy of life. There is of necessity a "growing principle," a *nîsus formativus*, to constitute a physical being. This formative energy necessarily transcends the province of nature while at the same time coëxistant and coördin-

ate with it ; and hence it gives to nature and its phenomena all the laws which inspire its action. These laws prescribe the distinction of sex, the various appetites and impulses which are incident in living creatures, and are as influential in disorders and morbid activities, as in normal manifestations. Only the one is the right, and the other the wrong,—wrong, distorted.

What, therefore, operates in thus disturbing and abridging of normity in function, is some disordering entity in the *nîsus* which controls and directs. This is not, so far as bodily organization is concerned, essentially a brain-disturbance. Diseased action does not manifest itself primarily at the brain—not even insanity. It is a disturbance of function—of nutrition, secretion and calorification, and these are acts directed and performed through the agency of the ganglionic nervous system. When there is impairment there, we will find trouble elsewhere. Vitality in the body means integrity of that structure.

Dr. Kreyzig has well remarked that "physicians are in the habit of regarding the solid parts as the primary agents of life, to which the fluid parts are subordinate ; but on the contrary, the blood and the nervous substance are the primitive and essential instruments of all the organic functions : while the solid parts occupy an inferior grade, and are but of secondary importance in disease. The elements of general and internal disease, or the morbid predispositions which form the most important objects of treatment, may, then, all be reduced to vitiated states of the blood, and of the lymph ; or to derangement of the nervous system." It is not necessary to dwell longer on this department of the subject. Disease is from debility, whether bodily or mental, and therefore the incident of exhaustion. We may assert the category, and find one common cause. Animal heat, secretion and nutrition are all presented.

Herbert Spencer carries this propo-

sition still farther. "Though," says he, "we commonly regard mental and bodily life as distinct, it needs only to ascend somewhat above the ordinary point of view, to see that they are subdivisions of life in general, and that no line of demarkation can be drawn between them otherwise than arbitrarily." The legitimate conclusion from this is that if there is no line to be drawn, that the ulterior manifestation is subordinate to the principle that makes manifest. All matter is known only as force, and this in its origin pertains to the world of mind. Abnormities must be traced beyond physical incidents and phenomena into moral agencies.

Observation confirms this fact. The various passions, when exceeding the limits of order, manifest themselves on different parts and regions of the ganglionic nerve-structure. Grief, fear and remorse depress the action of the whole corporeal organism. The lineaments of the face disclose the perversion of function. Anger and hate poison the blood, and it is manifest in the secretions. Serpents are made intensely poisonous by being enraged. The hydrophobic virus is more or less the product of anger as well as of other abnormal conditions of the death-dealing brute. Nobody is wholesome, is in the integrity of health, when overborne by emotion. The sick patient will not recover well, except he desires and wills to do so. Organic effects have their causes higher up in the mind. Whenever the equilibrium of the mental nature is long or very seriously disturbed, the bodily functions are certain to suffer. Many a disease is known to originate in a strong mental emotion; and even though the mischief be not apparent at the time, the germ of trouble is nevertheless inevitably laid.

There has been too little appreciation of the importance of this matter. When patients die their bodies are ransacked, as an army would sack a town. The intestines are rummaged over for lesions; vessels, membranes,

cavities and follicles are scrutinized; and finally conclusions, or no conclusions are arrived at. The real cause is very often undiscernable. The stern criticism of the poet Schiller is too often fully justified: "A physician whose horizon is bounded by an historical knowledge of the human machine, and who can distinguish terminologically and locally the coarser wheels of this intellectual clock-work, may be, perhaps, idolised by the mob; but he will never raise the Hippocratic art above the narrow sphere of a mere bread-earning craft."

The motives which direct action are evolved from the emotions. The understanding is but their servant. Every man finds true, in his own conceptions, what he desires shall be true. If the just equilibrium between the two does not exist, then mental action will be abnormal and the physical condition morbid. The moral character of such disease is readily perceived.

The fact that all physical disorders are associated with disordered states of the vessels is patent to every intelligent observer. All nervousness is the concomitant of general debility. Yet nervous disorders are purely mental. A disease is none the less a disease because it is mental; for the mind, or rather the soul, is the actual individual. All the functions are affected speedily by mental conditions; and when the latter are, or become normal, the bodily speedily recovers of its maladies, wherever too great impairment or disorganization has not occurred.

More attention to moral and mental states and moods is therefore imperative. To "minister to the mind diseased" is as necessary as to prescribe drugs, infusions, or even infinitesimals. It may be that the declaration of Holy Writ applies well here: "These ought ye to have done;" but certainly the residue of the sentence is even more demanded—"but you should not have left the other undone." It is nevertheless so

because the mind and motives are invisible, imponderable agencies, which have not been brought within the field of scientific investigation. If we learn from this how to treat the sick wisely, it will be well. It is no part of an honest physician's business to nurse or propagate disease. The mental obliquity should be scrutinized as well as the pathological outcome. If often reproof should be added to humane sympathy there will be found occasion for it. Sickness is a something to be ashamed of, to be apologised for, rather than a claim for more indulgent consideration. We should revere human nature, the man or the woman, as such, and be very lenient and tender accordingly; but we should regard disease of the body as the sequence of wrong doing. It is only a question: "Did this individual sin or his parents," that he is in this dilemma? A very similar moral regime should be applied as in the case of a bad temper, a gloomy or envious disposition. I am apprehensive that such practice would not win much favor at first, except from sensible persons; still it is time that the right way should be sought out and the endeavor made to walk in it.

ACUTE POST-PARTUM NEPHRITIS.

BY

STEPHEN P. BURDICK, M.D.,

New York.

Mrs. —, primipara, passed her term of pregnancy in uninterrupted good health. Her confinement, which occurred on the seventh of February, 1883, was accompanied by no abnormal symptoms. Urination for the first two days was by catheter, after which the function was performed normally. Not an unfavorable symptom was observed until the ninth day after confinement; in fact, I never saw a post-partum patient in better condition up to that time. I saw her on Feb. 16th, at 11.30 o'clock A.M., and

found her in excellent spirits, wishing no longer to be kept in bed, as there was nothing the matter with her. Soon after I left, the nurse gave her a glass of ale, contrary to my instructions. In a short time she complained of burning in the urethra, and wanted to void urine, although she had recently done so. The attempt was ineffectual. I saw her at 8 o'clock in the evening, passed catheter, but could not obtain a drop of urine. The burning in the urethra at this time was excruciating, with some slight pain in the lumbar region. I gave *Cannabis indica* tinct. 10 drops in half a goblet of water, teaspoonful doses, in alternation with *Cantharis* 200, every half hour. This was followed in a short time by involuntary dribbling; the urine could not be secured as it passed without warning. I saw her the next morning (Feb. 17) at 8 o'clock, and passed the catheter, but obtained only a drop or two. About two hours afterward the nurse obtained two drachms of urine by keeping the bed pan under her. This specimen showed about forty per cent. of albumen. The pain in the urethra continued, but was much less severe. I saw her the next day at 11 o'clock A.M.; her pulse was 100, and temperature 101° F. I gave her *Veratrum viride* tinct. ten drops, in half a goblet of water, two teaspoonfuls every hour, in alternation with *Cantharis* 200. At 12.45 P.M. her pulse was 140, and temperature 105 F.; continued the *Veratrum*, 20 drops in a half goblet of water, two teaspoonful at half-hourly intervals.

I saw her at 8 o'clock A. M. (18th); the pain was much relieved, although there was still some burning; pulse 110, temperature 102° F. I gave one dose *Hepar sulphur* 1000, followed in two hours with *Apocynum cannabinum* 3, bi-hourly. At 8 o'clock P. M., pulse 90, temperature 99½° F., continued same remedy. On the morning of this date the chemical analysis of the urine, made for me by Dr. C. H. Dunning, showed specific gravity

1010; acid; phosphates, sulphates, and urophain in excess; twenty-five per cent. albumen; many blood casts pus cells, granular and granulo-hyaline casts.

On the 19th at 10 o'clock A.M., the pulse and temperature were normal, and the urine was voided normally; showing the following constituents upon analysis. Specific gravity 1009; acid; phosphates, sulphates, and urophain in excess, but less than the day before; indican absent; chlorides deficient; a trace of hæmoglobine; albumen twenty-five per cent.; many granular and granulo-hyaline casts of large diameters containing pus cells, much granular organic debris. I gave one dose of Thuja 1000, followed bi-hourly with Thuja tinct. five drops in half a goblet of water, in tablespoonful doses. I gave Thuja because of a constitutional taint, which I was satisfied existed, and which it would correct.

The next day (20th) the pulse and temperature were normal, and the urinary analysis showed only two per cent. of albumen. I gave Apocynum cannabinum 3 every two hours, on account of returning pain in the lumbar region, which had disappeared under its administration previously.

On the 22nd pulse and temperature normal; pain in the back all gone; urinary analysis gave only one-fourth of one per cent. albumen. Apocynum 30 every three hours.

The next day a bare trace only of albumen, Apocynum continued.

On the 23d there was a slight increase of albumen. For the past two days has been feeling very well. Gave one dose of Sulphur 1000, all other medicine suspended.

February 24th albumen diminishing, gave one dose Stillingia 200. The Stillingia was given to intensify the action of Sulphur.

February 25th slight increase of albumen, gave one dose Thuja 1000. On the 26th and 27th gave Thuja 2 in water, teaspoonful every two hours followed on the next three days by Apocynum 30.

On March third gave one dose of Arsenicum 40 m on account of the regular increase and decrease of the albumen every other day.

March fourth, one dose Thuja 10; not a trace of albumen.

From March 6th to 10th she received Viburnum opulus 3, three doses daily, on account of a slight uneasiness or discomfort in the uterus.

March 10th, one dose Hepar sulphur 1000. No albumen since March 3.

March 11th, feeling and appearing perfectly well. Gave Yerba santa 4, three times a day, to clear up the malarial tendency to which she was prone. This ended the treatment of this interesting and instructive case.

THE PATHOLOGY OF PHTHISIS.

BY

GEO. W. BLODGETT, M. D.,

New York.

(An address before the N. Y. County Hom. Soc. Condensed from our own stenographic notes.)

I am not here to discuss the bacterian origin of this disease. The medical pendulum swings from side to side, attracted by various theories. Koch looks upon this as an infectious disease, depending upon the presence of its special bacilli. Whether or not this theory of Koch is correct I am not now to discuss, for I am to consider solely, at this time, the tissue changes of phthisis.

Now a class of observers are dominant who believe that pulmonary consumption depends upon the growth of tubercle, ascribing it to a specific cause. Others believe that it is by nature inflammatory, and that the tubercles arise from inflammatory changes. The confusion in the pathology of this disease is enhanced by the fact that strictly inflammatory and tubercular changes usually exist side by side.

Leaving, for the moment, out of consideration the question as to

which of these pathological doctrines is correct, we will consider briefly the nature and character of tubercle. The older observers said that this peculiar substance, found in pulmonary consumption, was a gray, semi-transparent matter, made up of several minute cellular bodies called tubercle. Later it became known that there are two kinds of tubercle; the gray tubercle, composed of small bodies, in size from that of a millet seed to a pea; and also another tubercle, of a yellow color, of the consistency of cheese, and belonging to a more advanced stage of the disease.

Lænnec's theory was that these gray tubercles were composed of lymphatic globules, separated by a mesh-work of tissue. These cells are prone to become fatty and die, and in the course of breaking down they change into yellow, soft, cheesy matter—the so-called yellow tubercle. Consequently a yellow tubercle is only a dead gray one.

Another school of pathologists advocate the doctrine that in all inflammatory disease, including cancer, if the *materies morbi* be imprisoned in the body, it may die and disintegrate into a cheesy mass.

Then, again, other individuals advocate the doctrine of the inoculation of the system with the gray matter of Lænnec. They adduce examples of tubercular disease in animals which has been inoculated.

Still another class of pathologists said that cheesy matter, inflammatory not tuberculous, might if inoculated into a healthy animal produce tuberculosis. Further along in the history of pathology the inoculation of animals with pieces of cork or bone was said to lead to tuberculous deposits. But this was subsequently modified by the statements of others that if the bit of bone or cork was perfectly clean, no tuberculous deposits would occur. And now as the latest theory, it is stated, that the inoculation of the system with a peculiar form of bacteria constitutes a primitive infection, manifesting itself in the pro-

duction of tubercles, the cellular constituents of which are inhabited by the bacillus, to the detriment of the tissues which it has built upon.

In considering the tissue changes it seems best to first glance at the inflammatory theory of disease. The leaders in this school of pathology, of late years, have recognized three distinctive forms of disease. The first depends upon an increase of the cellular elements. The tissues around them become inflamed and lead to a series of changes which ultimately form cavities from caseous degeneration and ulceration.

The second form of disease they believe to be where from inflammatory action there is a proliferation of tissue forming a substance like a cicatrix or a scar, thus destroying the life of the tissue. They believe also in another form where changes occur in the adenoid structure of the lung. The inflammatory process causes an influx of white blood corpuscles, which granulate, tend to amalgamate, and thus assume the appearance of tubercle.

Now these individuals, although they believe in a form of pulmonary disease which depends upon the infection of the lung with tubercle, attribute it all to the inflammatory process.

Lung tissue is virtually made up of the minute blood vessels, separated by interlacing lines of fibrous tissue. In the interspaces are minute cavities, filled with cells, and it is here that the inflammatory changes occur which cause tubercle; notably around the smaller bronchioles and blood-vessels.

Briefly glance at a case of catarrhal phthisis, admitting it to be free from a tuberculous cause. Such a case may begin as an ordinary catarrhal cold in the bronchial tubes. The smaller air-passages become involved and finally occluded. This shuts off the air from the air-cell at the terminus of the tube; the air-cell collapses or becomes clogged with mucus; this irritates its lining membrane;

this causes an afflux of blood to the part; and then through pressure the tissues die, and degenerate into caseous matter. Sloughing then occurs, the matter is expectorated, leaving behind a cavity.

Again fibroid changes may occur, not dependent upon the progress of a catarrhal disease, but having a purely inflammatory origin. A case of bronchitis may progress beyond the bronchial membranes, as a result of the undue afflux of blood, causing a still further accumulation of diseased tissue, and leading to fibroid degeneration. Then this may cause a blocking up of the small bronchiæ, and so caseous matter may develop, and ultimately lead to true tuberculous deposit.

The inflammatory school believe that tubercular disease is comparatively infrequent, and admitting that it does occur they claim that it is from the beginning inflammatory.

These in brief are the three forms of disease referred to by the inflammatory school of pathologists. The other school admit that there may be cases such as I have described, and that the condition may go on until a larger portion of the lung is consolidated. They, however, adhere to the theory that in the beginning of tubercular change, this change is caused not by the presence of inflammation, but depends upon some specific material which is now looked upon as the bacilli.

The deductions drawn from the entire address were, in the opinion of the speaker, that the new German theories need not necessarily change the older and accepted notions with regard to the tissue changes of the disease. If it were true that the initial factor in consumption was infection with a peculiar germ, ultimately manifesting itself in cellular hyperplasia in pulmonary tissue, there was no reason to deny that this same hyperplasia might in its dominant and ultimate course be characterized by a preponderance of either epithelial, lymphoid or connective tissue

increase, or an intermingling of any of them resulting in the production of any of the forms of phthisical disease, while at the same time it must be admitted that some of these forms of disease might occur without the agency of the bacilli, and it remains to be proven that the same remark would not apply to all of them.

A CASE OF RENAL ENCYSTMENT.

BY

SAMUEL MORTIMORE, M. D.,

New York.

That the kidney may be extirpated is a fact now universally admitted, but just how much injury this organ can sustain and recover from, has always been a matter of doubt, I believe, and the following case may serve only to perplex; still it is not without peculiar interest.

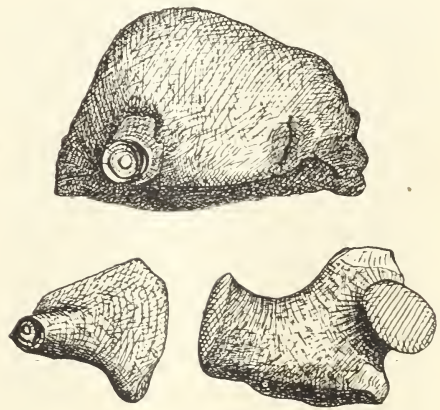
During one of the exhibitions of P. T. Barnum's Circus, at the Hippodrome in N. Y. City, where chariot races were a feature, an accident occurred whereby one chariot was overturned and its occupant (a woman) was thrown out and trampled upon by the horses attached to the one immediately following. How the woman ever came out of the accident alive was a marvel to those who witnessed it, still she did, and though badly bruised, six weeks after found her well enough to ride a camel in the "procession of all nations." This was her occupation, which she followed closely until she became suddenly prostrated with symptoms of fever which lasted for several days, during the course of which the urine was loaded with pus. After the fever subsided the presence of pus in the urine still continued and never thereafter was there an ounce of urine passed that did not contain pus.

From this time on until her demise she never regained her health, the case coming under my observation four years later when I found the patient,

æet. 26, in a low condition with such symptoms as are induced by long continued suppuration, though the cause and the location of the suppuration were beyond my discernment. There were no symptoms which would serve as a guide to locate the seat of the primary lesion. A careful examination of the urine and the urinal cyst served only to show that organ intact, the presence of a small spicula of bone in the urine being the only hint we had that the osseous structure was involved in the lesion. We finally determined that exfoliation of the inner surface of the pelvic bones was present, the discharge from which opened into the bladder by a sinus. A month later the patient died, the autopsy revealing the following: Oedematous condition of the lower extremities, and within the abdominal cavity general peritoneal adhesions of the most extensive character was present. The great omentum was adhered to the abdominal parietes, the liver adherent to parietes and surrounding viscera. The left lobe of the liver, the tail of the pancreas, the spleen, the left kidney (enlarged to twice the normal size), and left suprarenal capsule were adhered into one mass, the whole being bound by strong adhesion to the back part of the abdominal cavity. The right kidney though enlarged was otherwise normal. A small pyæmic abscess was found in the recto-vaginal peritoneal fold; the pelvic viscera otherwise normal. In the thoracic cavity there were extensive pleuritic adhesions on the left side, but more circumscribed on the right.

The enlarged left kidney was then removed and upon being opened by a free incision was found to contain in its centre three pieces of bone, about one of which had accumulated extensive calculitic deposits. The substance of the kidney had been absorbed by ulceration, leaving an extensive suppurating surface shown in the cut. Upon further examination the pieces of bone were found to be

the transverse processes of the first two lumbar vertebræ, and had been crushed into the substance of the kidney by the hoofs of the horse which had trampled upon her at the time of the accident, there to remain, and subsequently cause death by long-continued suppuration, the pus being discharged into the cyst by the ureter.



The accompanying cut shows these three pieces of bone, natural size.

In further reference to this case, I would say that that there is now no doubt in my mind but what this lady might have been saved by an extirpation of the injured kidney, could the difficulty have been correctly diagnosed; but at the time of the accident no injury to the spine or kidney was suspected, as the skin was not broken in this region, nor was any blood discharged from the bladder. The peritoneal and pleuritic adhesions were undoubtedly the result of the primary injury.

A BRIEF HISTORY OF THE DEFINITION OF DISEASE.

BY

WALTER Y. COWL, M. D.,

New York.

(An address before the N. Y. County Hom. Soc. Condensed from our own stenographic notes.)

The essential history of the definition of disease may in reality be put in brief compass. The first in the order of time was the humoral theory. Hippocrates, however, as early as 420 B. C., evidently did not believe in it. He watched disease and assisted nature, a doctrine, however, which lapsed until the seventeenth century and the rise of modern medicine. Galen upheld the humoral doctrine and the treatment founded upon it. Galen introduced the idea of a vital spirit by the perturbations of which disease came about. In later times this idea became much more prominent. Paracelsus, in the early part of the sixteenth century, was the next original genius, and he was followed by von Hohenstein whose ideas were still dominant in certain quarters, as late as the middle of the present century.

Van Helmont, however, as early as the sixteenth century, rejected the idea of the material pathologists and denied that disease was a material entity. He also disputed the chemical theory, that diseases were hot, cold, moist, or dry.

Cullen, at the close of the last century, originated the idea of *vis medicatrix naturæ*, and held that by the abnormal reaction of this with the vital force all diseases were produced.

We cannot, at the present time, say that disease exists in the solids of the body; at least we know of many diseases that whereas, marked alterations in the structure in the later stages are shown, earlier in its course the tissues appear like those in health. Neither can we say that disease is a collection of phenomena. The chem-

ico-vital processes (if so we please to call them) upon which diseases as well as health depends are not to be felt or seen. We can see the results of health and disease in various physical signs and symptoms, and after death the morbid appearance of all tissues, but with the cessation of life disease must necessarily end. If disease, therefore, be neither an entity nor a change which affects the fluids of the body, nor a change in the mode of the body, nor a mass of phenomena, it must be a change in one or more of the vital processes of the body. Vital, chemical or functional, as we may call them, disease is an abnormal functional process which results in an apparent physical abnormal visible phenomena denominated signs or symptoms.

Definition of disease given by Hahnemann.

There is an idea prevalent that Hahnemann defined disease as a modification of the vital forces in common with medical authors before and since. And there is one section of the *Organon* in which he does so define disease (Sec. 17th). Hence it follows that the views to only remove the complications of symptoms causes the desired change. Again he speaks of disease as the result of disordered vital force, and he gives quite a specific definition in the 11th section: "Only this abnormal modified vital force can excite modified sensations in the organs, and produce the abnormal condition we call disease." If the definition which I have given you be correct, I think you will see that this definition be correct also. Hahnemann has had attributed to him the idea that disease is merely a collection of symptoms. The outward vital appearance of disease must be the means of deciding what medicine shall be used.

This idea of disease as abnormal vital force has been objected to and called absurd.

Copland (*General Pathology and Treatment of Disease*, 1858) gives a definition of disease which it strikes

me is not nearly as clear as Hahnemann's:

"As soon as the energies of the vital principle becomes depressed—exhausted through the body or its organs or structures, disease supervenes."

Hahnemann says the vital force determines the abnormal functional activity which we call disease. This has been disputed.

Dr. E. P. Fowler, in an address before the New York Medico-Chirurgical Society, last year, says: "Homœopathy; does the term signify anything which has a real existence?"

"It seems hardly possible that anyone can examine Hahnemann without admitting that he looked upon disease not as the operation of a natural process." From the foregoing it seems that he has clearly mistaken theory of homœopathic theory of disease, as he says diseases occupy a person as a person occupies a room in a house, and must, according to this idea, buy another before this can be driven out. Dr. Fowler quotes the Organon, 13th section:

Disease is considered by allopaths as distinct from living organization—is a non-entity, which could only have originated in the minds of materialists.

It strikes me, therefore, that there is either some mistake about this remark of Dr. Fowler, or else there is a perversion. At least I do not find any ground within the Organon for these remarks. Dr. Fowler says that the theory contained in the term homœopathy is not to any appreciable extent entertained at the present day. It more properly signifies a method of practice. Proper regard for honesty to the public requires that it should be put away in the garret, for it has no real place in the advance of science.

I feel very much like reiterating Roger Bacon, in the 13th century, who opened the ground for us of inductive science. He was imprisoned, and true to this period he wrote: "There are four impediments to

truth: First, too great dependence upon authority; Second, laying too great weight upon custom; Third, fear of offending the vulgar; Fourth, the affectation of concealing ignorance by a specious display of knowledge.

ABSCESS OF VERMIFORM APPENDAGE FROM LODGMENT OF INTESTINAL CALCULI.

BY

HUBERT T. FOOTE, M.D.,

New York.

The following case presents several anomalous features, which make it of interest as a clinical study. The patient was a boy aged 11 years, 9 months. Apparently in good health, but accustomed to digestive derangements from errors in diet. Case of chronic liver torpor, if that is indicated by tendency to sallowness and yellow "saddle" over bridge of the nose. Came from boarding-school for short visit to parents on Saturday, February 17. Went to a matinee, ate much chocolate candy, and retired early as usual. Early Sunday morning awakened with colic and diarrhœa, which lasted till Monday. Monday and Tuesday showed usual symptoms of enteritis, some fever, inability to hold anything on stomach but milk in small quantities, and constipation—or rather no tendency to movement of bowels.

Pulse not much over 100, and temperature at highest point was $102\frac{1}{2}^{\circ}$ during these days. Wednesday was more comfortable, temperature almost down to normal, and abdomen sensitive, but on the whole, symptoms indicated convalescence, and was at all times able to lie on back, bowels on either side. No special localized tenderness except in median line between navel and pubes. On Monday he had Aconite, on Tuesday Bryonia, and at times Ipecac when vomiting. On Wednesday evening, at 7 P. M. was taken with vomiting of bile—almost pure—and was helped

to relieve himself with a little warm water. At 11 o'clock was again so taken, and this time he said that he felt as though something had torn inside, and he had pain "all over," meaning all through the abdomen. From this time exhibited symptoms of peritonitis, with usual severe pains until 6 A. M. Thursday, when he had no more pain, but looked pinched in the face. Temperature again 102° , and pulse very feeble, rapid and irregular. Was very talkative, and a little inclined to wander in his thoughts. Gradually grew weaker, as in the collapse of peritonitis, and died at 4.15 P. M. Prof. St. Clair Smith and Prof. Winterburn saw the case on Thursday morning, but then only to make the diagnosis of fatal peritonitis. Post mortem 20 hours after death showed a few adhesions of peritoneal surfaces, and a considerable amount of pus mixed with serum, but peritoneum generally, and intestines for most part, appeared normal. The appendix vermiformis was enlarged at the end and dark in color, and when taken between the fingers was seen to be perforated and to give issue to pus on pressure. When slit open it was of usual small calibre, and contained two small bodies which were very like, and for some time taken to be, orange seeds, but subsequent drying, section and microscopic examination, proved beyond a doubt that they were intestinal calculi, composed (to all appearances) of lime salts and fecal accumulations. One was at first, when broken, waxy in look and feel and coffee colored. The concentric rings were numerous enough to make it appear that they had been sometime in forming, but there was nothing to show when they found their way into the vermiform appendage, or how long they had been causing active inflammation there. Evidently an abscess had formed in the appendage, and before any considerable size was reached had perforated it.

A portion of small intestine in neighborhood showed a patch of ci-

atricial tissue size of a silver half dollar, which appeared to be an effort to form adhesion for the opening of the abscess and its discharge into the intestine. The other abdominal viscera offered nothing for comment.

A curious incident associated with the case was that the father of the boy, himself a physician, was strongly impressed with the idea that it was a case of typhlitis on Monday, but we could find no really satisfactory confirmation of this diagnosis in the symptoms.

ASARUM CANADENSE.

BY

GEO. W. WINTERBURN, Ph.D. M.D.

New York.

Asarum is a small-sized indigenous plant growing in rich, shady soils throughout the United States. The *rhizoma* is the part used, although the whole plant exhales a fragrant odor, has a spicy, bitter taste and probably possesses therapeutic value. It is known to country people as wild ginger. The root contains an acrid, bitter resin, asarin ($C_{20}H_{26}O_6$); a pale, spicy aromatic volatile oil; and salts of potassa, lime and iron. Asarin is a crystalline substance resembling camphor, and is now called the camphor of asarum.

Physiological Effects.—Several years ago I attempted to prove the effect of this drug on some women students, but the daily records were not properly written up, and the following fragmentary statements are all I have. They, however, reveal the general character of the drug. As far as I am aware this is the only attempt that has been made to obtain the effects of this drug upon the healthy. These symptoms were noted while taking the tincture in doses varying from a scruple to a half-ounce per day, and were continued over a period of about two months. On taking the dose it caused smarting and burning in the mouth, this was followed by a cold sensation from the secretion of a

quantity of tenacious mucus. Nausea with inclination to vomit followed, and vomiting of sour fluid occurred in one case. Considerable flatus was produced in both stomach and bowels, and this was followed by loose, light-colored stools. The bladder was much irritated causing very frequent urging, although the character of the urine did not seem to be changed. The menses appeared in these cases several days sooner than expected, were much too free, rather dark in color, and painful (uterine colic). During the proving, most of the persons were excessively nervous, with a dull, stupid feeling during the day, and restless sleep at night. After a few days they suffered much from chilliness, as if insufficiently clothed, but did not seem to have any fever, nor any unusual thirst. There was muscular twitching in various parts of the body, as if cramps were setting in, but these did not occasion much inconvenience.

Therapeutics.—Asarum has some points of analogy to myrica.

In nasal catarrh, especially when the discharge has been suppressed, and cephalalgia results, asarum will be useful.

Inflammation of the conjunctiva from taking cold, with profuse and constant lachrymation may be controlled by it.

Pertussis, or other long-lasting, painful, or spasmodic affections of the pulmonary region, when no inflammatory action exists, are amenable to it, as it promotes expectoration and stimulates the mucous membrane. A like condition in the digestive apparatus, showing itself by nausea, colic, and diarrhœic stools, without febrile disturbance, may be cured by it.

But its most important action is upon the female generative apparatus. During labor when the pains are excessive, and the woman suffers from extreme erethism, asarum will quiet her and render the labor natural. In this condition I more frequently prescribe *cimicifuga*, prob-

ably from habit, as asarum seems to act equally well. In metrorrhagia and in menorrhagia, when the blood flows steadily but not very freely, with cutting pains in the abdomen and groin, and aching in the back, extending down the thighs, and the woman is very nervous and irritable, asarum will restore the flow to its natural proportions, or stop it altogether if it is unnecessary, relieve the nervous tension, and subdue the pains. Violent pain in the small of the back, at the appearance of the menses, seeming to impede the breathing movement, is said to be diagnostic for this remedy. In the early part of pregnancy, miscarriage sometimes threatens from melancholy and nervous disturbance, so that even imagining something unpleasant might occur, causes a disagreeable sensation, and for a time absorbs all her thoughts and arrests every function. If this be the case asarum will generally prevent this untoward event. Vaginal fistulæ are not ordinarily supposed to be amenable to anything but "radical" treatment. I believe that carefully selected medicines will often do much good, and in many cases remove the necessity for surgical interference. Such a case was the following, which is the only one in which I have used this remedy.

Mrs. S. K. B., aged thirty-one, the mother of one child, had complained for a long time of a pain in the vagina. After some months, that is, when her baby was nine or ten months old, she noticed that wind occasionally escaped through the vagina, and alarmed at this she sought advice. An examination showed a small recto-vaginal fistula, and she was advised to have an operation performed. While considering about this I was incidentally consulted. The history of the case was this: I have already said she was the mother of a child. Labor had been very tedious, probably on account of the age of the woman, and the non-elasticity of the tissues, and was prolonged to nearly four days. This.

was followed by a long-continued lochial discharge, which had ultimately become leucorrhœal. This discharge was thick, profuse and irritating, and was for a long time supposed to be the cause of the pain she felt in the vagina. Probably the long-lasting strain upon the vaginal tissues had produced a slight rupture, and the continued irritation of the uterine discharge had altered this into a fistulous opening. I gave her at first hydrastis. This greatly lessened the amount of leucorrhœal discharge, and changed it from an acrid to a bland one. Her appetite and spirits were also much improved, but the fistula did not alter in appearance, although we used the medicine faithfully for two months. It was noticed that she suffered with heat in the vertex, as if something hot pressed down upon her head. Although her appetite was good, she had a bad taste in her mouth, especially if she ate heartily of nitrogenous food. Her sleep was heavy, and she awoke with a feeling of debility. She was very nervous, though not irritable. The most prominent symptom, however, was a constant feeling of chilliness, which even the thickest clothing did not prevent, and which accompanied her everywhere. I gave her several remedies in succession, and finally *asarum*. This was used as a wash, a half-drachm of the tincture in four ounces of warm water, several times a day. She took ten drops of the tincture in two ounces of water, a teaspoonful hourly. In about two weeks the character of the fistula changed, and healthy granulations could be seen. The medicine was used persistently for nearly six months, long before which time, however, every vestige of the fistula had disappeared, and she was, in every way, a healthy woman.

THE PRIZE ESSAY ON BLINDNESS.

The programme for the prize competition on the prevention of blindness is announced. The prize is four

hundred dollars, and will be awarded at the next meeting (1884) of the International Congress of Hygiene, which will meet at the Hague, Holland. Beside this the Association may give a second prize of two hundred dollars, or two prizes of one hundred dollars each, and a silver-gilt medal with a diploma if it is found that essays of sufficient merit are presented. These last mentioned prizes will be distributed at the centenary festival of the first blind institution, founded by Haüy, which will be celebrated in Paris in 1884. The essay may be written in English, French, German, or Italian, and is to be entitled, "The causes of Blindness, and the practical means for preventing it," with the following synopsis of topics :

I. The Study of the Causes of Blindness :

a. Hereditary causes. Diseases of parents, consanguineous intermarriages.

b. Infantile eye diseases. Various inflammations of the eyes.

c. School period and time of apprenticeship, progressive shortsightedness, &c.

d. General diseases. Diatheses, various fevers. Chronic poisoning, &c.

e. Trade influences. Wounds and accidents, &c. Sympathetic ophthalmia.

f. Social and climatic influences. Contagious ophthalmias. Unhealthy habitations ; defective lighting &c.

g. Neglect of treatment and bad treatment of eye affections.

II. The Study of Practical Preventive Means :

a. Legislative means.

b. Hygienic and professional means.

c. Educational means.

d. Medical and philanthropic means.

The international jury, elected by the Geneva Congress for the purpose of judging the essays, consists of—Holland : Dr. Snellen, Professor of Ophthalmology, Utrecht. Germany :

Dr. Varrentrapp, Frankfort ; Dr. H. Cohn, Professor of Ophthalmology, Breslau. France : Dr. Fieuzal, Physician to the Hospice des Quinze-Vingts, Paris ; Dr. Layet, Professor of Hygiene, Bordeaux. Italy : Dr. Reymond, Professor of Ophthalmology, Turin ; Dr. Sormani, Professor of Hygiene, Pavia. England : Mr. Streatfield, Professor of Ophthalmology, University College, London ; Dr. Roth, honorary secretary and treasurer (*pro tem.*) of the Society for the Prevention of Blindness, London. Switzerland : Dr. Dufour, of the Ophthalmic Hospital, Lausanne ; Dr. Appia, Geneva ; Dr. Haltenhoff, Lecturer on Ophthalmology, Geneva, and secretary to the jury. Dr. Appia and Dr. Varrentrapp having resigned, the jury completed its number by electing Dr. Courserant, oculist, Paris, and Dr. Berlin, Professor of Ophthalmology, Stuttgart.

Those essays to which prizes have been awarded will become the property of the Society for the Prevention of Blindness and of the International Society for the Amelioration of the Condition of the Blind, who will be at liberty to publish them in whole or in part in several languages, in order to make them useful in the way they consider best.

The manuscripts should be mailed to Dr. Haltenhoff, the secretary of the jury, at Geneva, Switzerland, so as to reach him not later than the 31st March, 1884. Each essay must bear a motto, which must also be written on a sealed envelope containing the name and address of the author. We hope that at least one of these prizes may come to America, and cordially urge those within our ranks who are competent, not to let this opportunity to do credit to our School slip by unheeded.

For sea-sickness, Cuelho makes hypodermic injections of Morphine 0.008 to 0.01 over the epigastric region. Rapid success.—*W. M. W.*, 37. 82.

ORIGINAL TRANSLATIONS.

ACTION OF DRUGS ON THE FÆTUS WHEN THE MOTHER TAKES THE REMEDY.*

Hubassow examined the fœtal heart with the microphon and found : Chloral and Chloroform stimulate primarily the fœtus, then quiet it and render the beat of the heart weaker. Chloral acts stronger than Chloroform, especially when given in clysma. Time, 10 to 15 minutes.

Opium and its alkaloids change the rhythmus of the fœtal heart. Its action is slower than with Chloral and Chloroform, but lasts longer. Opium acts quicker and stronger by the mouth than per anum. The action of Digitalis is also strong and long continued.

The author thinks that Chloral divides itself between mother and child according to their relative weight. This division happens in about fifteen minutes, and about five per cent. passes into the fœtal circulation. More than 50 Ct. grms. of Chloral at once, or several times in half an hour, or more than 15 drops tincture Opium at once, or several times in less than an hour, may become dangerous to the child. A pregnant woman ought never to receive more than a quarter of a grain Opium.—*Jour. de Med.*, 12, 1882.

BROMISM IN A CHILD FROM LACTATION.

An epileptic woman who during her pregnancy took daily 2 grms. Kali bromatum ; was delivered of an apparently healthy child. But the infant, which slept continually and nursed only twice in the day, steadily declined. After nineteen days it was emaciated, wrinkled and old looking. Pulse, 86 ; respirations not over ten a minute, accompanied by a whistling

*This and the succeeding eight paragraphs were translated for the HOMŒOPATHY by Prof. Samuel Lilienthal, M. D.,

glottis-murmur. General anæsthesia. The urine in the starched diapers showed the brom-reaction of the Amylum bromatum: the Sepia color. The child was weaned. The following day, erysipelas of face and neck, numerous acne pustules on hands, feet and buttocks. On the third day the brom. disappeared in the urine and the child got well. (Lowy.)—*Gaz des Hop.*, 136, 1881.

ROUND ULCER OF STOMACH,
IN CONSEQUENCE OF SUB-
CUTANEOUS INJECTIONS
OF CANTHARIDINE SUS-
PENDED IN OIL (2.5 M.
GRMS.) EVERY OTHER DAY.

In one case Cuprecht found 15 ulcers in the mucous membrane of the stomach of a large rabbit, the ulcers were of the size of a lentil, had raised edges and the base filled with blood coagulum. We deal here with a severe circumscribed inflammation of the gastric glands (gastra denitis) followed by hyperæmia of the capillaries with inflammatory changes and and consecutive exudation of blood.—*Centralbl.*, f. M., *Wir.*, 31. 1882.

Clemens (Frankfort-on-Main) prescribes: R. Spir. vini. rectif., 120.0; Chloroform, 15.0; Acid salicyl, 10.0; Ol. Lanæ pini, 3.0; to be dropped on Salicyl-cotton for inhalation in diphtheritis, angina membranacea and pneumonia. The Oleum lanæ pini contains turpentine enough to ozonize during the evaporation the oxygen of the air. Even small children do not object to inhale it.—*A. M. C. Z.*, 43. 82.]

Kaalich (Prague) relies on Merc. cor. subl. in severe cases of diphtheria, and in nine cases which indicated tracheotomy, the operation became unnecessary. He pencils locally on the nose, mouth and fauces; a solution of 0.05 to 0.1 to 100 (every 2 hours or four times a day, and tries to bring it also in the trachea; he also uses inhala-

tions (0.005 to 1.000) according to the individuality of the case, every hour or in longer intervals every fifteen minutes. Internally he gives small children 0.01 to 1.00 pro die., larger ones, 0.02 during thirty-six to twenty-four hours. The corrosive Mercury is fast triturated with the yolk of an egg, and syrup and some brandy added. The earlier such treatment is instituted, the more rapid its success (Bolle in C. H. Z., recommends inhalations of Cor. merc. in whooping-cough, where it shortens amazingly the spasmodic stage.)—*Centralbl. f. Klin. Med.*, 18. 82.

Lapatin finds Acid nitr. dil., Aqua menth. ãã part, æquales, of great benefit in slight cases of frozen feet or hands. He pencils the affected parts twice a day, after three to four applications the skin turns brown, a superficial eschar follows, and when this is cast off we have a healthy skin.—*Aerzt. Int. Bl.*, 38, 82.

Klaman (Luckenwalde) prescribes in typhoid fever: R. Tinct. iodii 0.5; Acid carb. i; Glycerine, gttx, Alcohol dil. x.0; dose five to ten drops, in coffee or tea, every hour or two. It reduces the number of stools, even to constipation. 2. The tongue loses its dryness. 3. Thirst decreases; appetite returns. 4. In light cases the fever passes off in a few days. 5. In severe cases it does not prevent cardiac and pulmonary complications. 6. Perspiration not much increased.—*Ally. M. C. Zeit.*, 81. 82.

Laedarich uses Collodium for the same purpose. He impregnates a piece of flannel, in several layers, with the Collodium and applies it well-covered over the epigastrium and neighborhood.—*L'Art Med.*, August,

ECZEMA.

Dr. Sawyer, of Birmingham, in the course of a clinical lecture, makes the following excellent observations in regard to the treatment of eczema:

"By attention to a few well-established details of practice, eczema can generally be cured, and always greatly ameliorated. I want to impress upon you two points of practical moment. Eczema is often brought out and kept up by local irritation; and it is always an expression of a diathesis. We can often best treat eczema by not regarding it as a disorder of the skin. In failure to recognize and treat successfully the general constitutional condition with which the affection of the skin is associated, and which is its foundation, lies a frequent source of failure to cure eczema. Eczema is mostly a local expression of one of several diatheses—the strumous, the gouty, and the nervous. Some local irritation usually determines and frequently keeps up an eczema, and is its ultimate cause; but the proneness to the local malady, its penultimate cause, the reason why the local irritation results in eczema and not in something else, is to be found in some general constitutional abnormality. In a case of eczema, before you prescribe drugs always search for, and finding, remove causes of local irritation, such as dirt, lice, scratching, rubbing, the wearing of flannel next to the skin, or the exposure of the affected part to the irritating action of heat, cold, water, discharges, bad soap, or any mechanical or chemical irritants, such as are met with in various occupations."—*Brit. Med. Jour.*

CEDRON IN MALARIOUS FEVER.

Dr. Mahendra La'l Sirca'r contributes an interesting case of malarious fever in a child, with urination during chill, benefited by Cedron. This case with its yellow diarrhœa, sleep and urination during chill, long-lasting fever, and the clock-like regularity of the periodicity, is a singular confirmation of the proving:

"Surendra, aged 4, has been suffering off and on since he was six months old from malarious fever. Spleen very much enlarged, extend-

ing in front to within an inch of the umbilicus, and downwards about two inches above the crest of the ilium. Very pale and anæmic. Last attack of fever has commenced since 23rd June. Fever is of the remittent type, aggravation from noon. Motions loose, yellow, three or four in 24 hours.

29th June. Fever came on a little after noon with slight chills followed by burning heat, and sleep during the first part of the fever. Aco. 6, 1 dose. Fever left with perspiration by evening.

30th. No medicine. Fever came on as usual half an hour after noon lasted the whole night, and continued till late in the morning.

1st July. The father of the child reported that both yesterday and day before the child used to pass urine during chill in a half drowsy state. Cedron 6, one dose at 11.30 A. M. Fever came on at 2 P. M., later than usual by an hour and a half, was of less intensity, but lasted the whole night. Max. temp. 103. Did not pass any urine during chill or any other stage of the fever.

2nd. Cedron 6, one dose at 7 A. M. and again at 2 P. M. Fever came on at 4.30 P. M. Max. temp. 101.

3rd. Cedron 6, one dose at 7 A. M. No fever.

4th. No med. No fever. 5th. No med. No fever."—*Calcutta Jour. of Med.*

SCHISMATICS.—Dr. Burnett lays hold of those noisy disputants, whom he styles intolerant schismatics, who are endeavoring to destroy the unity of the Homœopathic school, and gives them a right hearty dressing down. He takes for his text the article by Dr. Taylor, of Terre Haute, in the January number of the *New York Medical Times*, who considerably speaks of the "idiotic theory of dynamization," and who would "without delay get rid of all dynamizationists and high potency men." Unfortunately intolerance is not confined to the

latitude of Terre Haute, and most of the Hahnemannians look upon this little clique as the only true and genuine article. Well, it may be so, but with Dr. Burnett we enter a most earnest protest against such intolerant egotism, and beg for just a little courtesy and catholicity.

"The low-potency man may be an ignoramus or a man of science, just the same as the highest transcendentalist; and a physician may never go below the CM's and eternally boast of his fealty to the Master, and yet be no Hahnemannian at all.

The basis of Homœopathy is the law of similars—hodiernal science is beginning to admit the law. The enormous power of the high dilutions is a fact in nature—hodiernal science is still too elementary to compass it. Let us be grateful that the law is on the eve of general professional recognition, and rather than 'put our shoulders to the wheel to heave over' our brethren who differ from us, let us work on faithfully side by side till we can see more light.

Belittling one another will cure nothing, and the list of the incurable is, alas! still a frightfully long one, pathies and potencies notwithstanding."—*Hom. World.*

PARALYSIS OF PORTIO DURA.—The following interesting case of the cure of paralysis of the portio dura of five years standing, in less than two weeks, is a signal illustration of the practical value of the law of similars:

"On July 9, 1880, I visited Mrs. V., Ramsgate, a lady of about forty years of age, of nervous temperament, and found her suffering from the following symptoms. Five days ago she sat out of doors in the evening, and on the next day began to suffer from paralysis of the muscles of the left side of the face; complete paralysis of the left eyelid, so that the eye remains uncovered unless the lid is pulled down with the fingers. Is able to masticate on the affected side,

but cannot get rid of the food from between the cheek and teeth and jaws, except by the aid of the tongue and fingers, proving that it is the hard or motor portion of the seventh nerve that is affected and that the motor portion of the fifth nerve, supplying the masseter and temporal muscles, retains its power. Left side of face motionless and without expression, as if were that of a dead person. Mouth drawn to right side on smiling or blowing. In the latter movement the breath issues from the left corner of the mouth.

Left side of face a little swollen, as well as posterior segment of the parotid gland. General health pretty good. Has had singing in the ears and vertigo more or less for several weeks.

To take one drop of tincture of Belladonna 1x every two hours.

July 13th.—No improvement.

Omit the Belladonna and take tincture of Ignatia, one drop every two or three hours for two days, and if then no improvement Causticum 3 instead.

16th.—A decided improvement. Less distortion, of the features on speaking or smiling, has recovered some power over left eyelid.

Omitted to mention that she has suffered from neuralgia on left side of face. This still continues. Has taken the Causticum since yesterday, but as the improvement had taken place under the Ignatia, requested her to discontinue the Causticum and to return to the Ignatia.

July 20th.—The palsy quite gone, can close left eye, and no distortion of cheek on blowing.

Continue the Ignatia three or four times a day.

27th.—No return of the paralytic symptoms, still occasional neuralgic pains on left side and feeling of weakness in left eyelid.

Discharged cured.

December 12, 1882.—I have frequently seen this young lady since the above, but she has not had any return of this or any other disease.

THE
AMERICAN HOMŒOPATH.

*A Monthly Journal of Medical, Surgical
and Sanitary Science.*

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Our columns will always be open to a courteous and fair discussion of all subjects connected with our practice, as much as our space allows; but we do not hold ourselves responsible for the opinions of our contributors, *unless indorsed in our editorials.*

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EDITORIAL.

The man who makes shoes is sure of his wages: the man who writes a book is never sure of anything!—MARMONTEL.

We thank the many medical friends, in various parts of the country, who have so cordially expressed their kind wishes for the success of the HOMŒOPATH, as now conducted; and shall endeavor to deserve their continued favor, by making this journal, as far as lies in our power, all that a medical monthly should be.

The policy of this magazine is as broad and comprehensive as its name. The AMERICAN HOMŒOPATH belongs to no clique and serves no party interests. While it has opinions of its own, which it will not hesitate to express, it gives space with equal alacrity for the dissemination of ideas concurrent or dissonant with those endorsed on the editorial page. It does this inasmuch as it believes that

in the multiplicity of counsel there is wisdom, and because it recognizes the right of every individual to his own opinion at all times and under all circumstances. On such a platform of hearty goodwill it means to labor for the advancement of homœopathy everywhere, and hopes to merit the encomiums of all liberal and high-minded men.

The Capital of the Nation is peculiar in one respect at least—it is frank about its malaria. It is willing to admit that "the flats" are bad. As a usual thing the inhabitants of any community explain that the malaria is all in "the next town." Probably there is too much of it in Washington to be explained away, and so they wisely make a virtue of necessity.

The Cartwright alumni lectures, so acceptably delivered last year by Prof. Draper, were this year assigned to Dr. W. T. Belfield of the Rush Medical College in Chicago. We were sorry that of the several thousand physicians in New York only such a pitiful handful availed themselves of the opportunity to hear these admirable lectures. Prof. Belfield deserved better of New York, and we hope the alumni of the College of Physicians and Surgeons will see to it that their next guest has a heartier welcome. The first lecture was on the nature of bacteria, followed by others on septic diseases and antiseptic surgery. The lecturer combatted the criticism that many of our American physicians have made upon Koch's theory that bacilli are capable of reproducing tuberculosis in man and other ani-

mals. He reviewed the experiments of Koch, and admitted that they had not been upheld by those made by other scientific investigators; but claimed that this did not militate against their general correctness. He enforced with considerable vigor the statement that Koch had proved that tuberculosis could be induced by inoculation with tuberculous tissue, or by the inhalation of tuberculous sputa, and that it could be conveyed from man to animals.

Answering the objection that if Koch's theory was true, that tuberculosis would be universal, Dr. Bel-field replied that indeed one-seventh of the human race did contract the disease, but that the infection was slow and insidious. He further claimed that while tuberculosis might be communicated to a sick person, it could not be to a healthy one.

Another phase of this theory is also a matter of important consideration. Dr. Formad says in the *Phil. Med. Times*, that in Germany the phthisical patients are separated from all others as carefully as small-pox cases. This fear of contagion is also spreading widely among the laity, not only in Europe but in this country as well. We have heard of several cases in this city where consumptive patients were actually neglected by their family through fear of taking the disease. The moral effect upon the sick person must necessarily react deleteriously upon their physical state, and negative any treatment that the physician may prescribe.

While undoubtedly care should be observed, and no unnecessary breathing of the air exhaled from tubercul-

ous lungs be permitted, still the physician should be on his guard to prevent needless alarm in the families of such invalids.

Following hard upon Koch's alleged discovery comes Mr. W. Matieu Williams with an article in *Knowledge*, on scientific cookery.

The virtues of cold water have been chanted by the temperance reformers for ages, but here comes Mr. Williams with a long and harrowing account of its vices. Ordinary drinking water, he informs us, is so full of organic impurities that the bacteria, micrococci, infusoria, bacilli and the rest of the microscopic nuisances which infest and infect us actually grow fat on it. He ascribes the prolific redundancy of the Chinese to their invention of boiled water beverages, and calmly advises us all not to take our water raw. Well, perhaps cooked water is a safer beverage than raw water; but what with Pasteur, Koch, and now Williams living is getting to be a very trying thing.

There is an intimate acquaintance between water and milk, according to popular belief. The story of the cow with an iron tail is a familiar one. This doubt as to the moral character of milk is not confined to the laity however.

The necessity of reform in the quality of milk dispensed by the minor retail dealers is apparent to every physician practicing in tenement house neighborhoods. The inspectors of the Board of Health have performed a praiseworthy ser-

vice in this direction; but much remains to be done, and there always will be as long as men are avaricious and dishonest. A movement in the right direction has been instituted by the association of farmers along the Erie railway called the Erie Milk Producer's Association. The association went into operation on the night of February 8, and they are shipping nearly one hundred and fifty thousand quarts every day, and selling it at a uniform price of three and a half cents. Inspectors from the New York City Board of Health and from the New Jersey State Board of Health are on every train, and the Association will persecute any man caught shipping skimmed or adulterated milk. The inspectors state that in all their experience they had not examined so pure a shipment of milk. The creameries endeavored to continue their nefarious practice of sending skimmed milk, but every effort has been made to stop it. We hope soon to see the shipment of skimmed milk stopped on all the other routes.

Out of this has grown a milk war, which is just now assuming huge proportions. So much so indeed that there is an actual scarcity of milk in New York city. The sympathies of all physicians are with those who are endeavoring to keep creamery milk out of the market.

In direct contrast with this is the effort made by the friends of skimmed milk to pass a bill, which ostensibly being for the better protection of the public, really aims to provide a means

of working off refuse milk. This matter is now being pushed by Assemblyman McCarren, who introduced a bill making it a misdemeanor to sell milk containing less than 8 per cent. of cream, unless otherwise plainly marked on the outside of the can containing such milk. This dodge has been defeated several times in previous years. The law as it now stands is amply protective, there is no legitimate demand for skimmed milk for city consumers, and the object of the bill is simply to hamper the Board of Health in protecting the public against unwholesome milk.

In a recent number of the London *Lancet* there is a vigorous protest against overwork and worry.

We have, it says, too many irons in the fire, too much business on hand at the same instant, and are far too energetic in our endeavors. With deliberations, calmness and such reserve of strength as result from perfect restraint, a man may do an infinity of work without either trouble or injury. Breathless haste, eager anxiety, and an excessive expenditure of energy are the outcome of modern activity. The system of "quick returns" has been the bane of literature, almost extinguishing it and substituting in its place "journalism." The same system has revolutionized thought and science, and it is rapidly undermining the human constitution. Statesman and politicians are kept on the strain of sustained attention, and their brains are for many hours in the twenty-four, in a condition of ferment. The brains of speculators on the Stock Exchange, and even the brains of merchants in their private rooms, are equally taxed, and in the same way. All classes of the community share the turmoil. The period is one of brain-wearing impetuosity, of hurry, worry and waste—the waste of

cerebral energy and nerve force. The only marvel is that, looking to the utterly unphysiological character of our mental and nervous habits of work, the number of sudden failures is not greater than it is, and that we have not a larger percentage of brain mortality to deplore.

Inquiry at various drug stores reveals the fact of a steadily increasing demand for preparations containing opiates in one or another form. A little sound advice on the part of the family physician would put an end to much of this injudicious use of narcotics. The form of insomnia thus empirically treated is usually the result of a want of balance between the mental and physical faculties, and is commonly one of the earlier symptoms of brain-fag. The inordinate use of tobacco is often a factor in the case. Perhaps they drink too much tea or coffee, or eat too heartily of meat. Such a man, going to bed worn out with the cares of business, his brain flushed with blood, and his extremities cold, lives over again the events of the day, while he tosses to and fro in nervous restlessness. Of course he does not admit that he is sick. Why, no, he can do a good day's work with any man! So, feeling there is no necessity for a doctor, but feeling a great necessity for sleep, he resorts to opiates, which he fondly and foolishly imagines give him the help he needs. Even without any change in his business habits, even when the complaint is being fed by tobacco or stimulants, much may be done for such a patient. A hot sponge bath at bed-time, a brisk walk of a mile or two after busi-

ness hours, or holding the head under a stream of cold water, all tend to break up this habit of unsound sleep. The trouble with these cases is that they will not admit that they are ill, and will not take medicine, and it is only by attention to hygienic detail that they can be prevented from acquiring the habit of opium inebriety.

The Homœopathists of Maine are watching the present legislature with anxiety. Several new medical bills have been introduced, one of which practically puts every homœopathist in the state in the power of the Allopathic College of Maine.

Our friends there can hardly be so luke-warm to their interests and rights as to let such a bill pass.

Considerable attention is being attracted to the method of super-alimentation introduced by Drs. Debove and Beaumetz, of Paris. This consists of forcing, by means of a sound, into the stomach of the patient meat-powder dissolved in milk or beef-tea. About four pounds of meat is thus administered daily, and phthisical patients are said to increase rapidly in weight under this treatment, cough and expectoration both diminishing, and it is even claimed that the reparatory process takes place in the lungs. The meat-powder is prepared by mincing lean meat and drying it at a temperature of 90° C, after which it is reduced to a powder in a mortar. If diarrhœa occurs pepsin is used as a corrective.

HOMŒOPATHIC MEDICAL SOCIETY OF NEW YORK COUNTY.

(Condensed from our own stenographic notes.)

The society held a stated meeting on Wednesday, March 14th, at eight o'clock—President Doughty in the chair. The minutes of the February meeting were read and approved. The following new members were elected : Drs. C. T. Williams, W. W. Bell, C. G. Davis, B. G. Clark, Nelson Smith, Jr., H. C. Blauvelt, and C. H. Elabash.

Dr. Geo. W. Blodgett, as chairman of the Bureau of Physiology, Pathology and Hygiene, reported that the papers of the evening were, "Physiology of Vision," by Dr. A. B. Norton ; "A Pathological Resume of the tissue changes in pulmonary phthisis," by Dr. Geo. W. Blodgett ; "A brief history of the definition of disease," by Dr. Walter Y. Cowl ; and "Some observations on the pathology of suppurative inflammations of the middle ear," by Dr. Charles Deady. The papers were thereupon read, in the order named, by their respective authors.

In the discussion that followed Dr. Burdick said : I have been much interested in the papers of Drs. Blodgett and Cowl. Both are on subjects that should be looked at from two standpoints. First, is disease that which we see, or can we search it out with the microscope ? Is true disease that which pathology can deal with ? According to Dr. Blodgett we have no exact knowledge of the origin of phthisis. One authority says it is one thing, another says it is something else. Each proves his position clearly for the time, but this is afterwards found to be far from correct.

I contend that disease is not what we see, and that we cannot demonstrate it with the knife or microscope. That which we are inclined to call disease is only a result. An abscess, while it pathologically changes the structure, is merely the product of disease. Bacteria in diphtheria is

not the disease, but only the product of the disease.

If this be true we must go back of all this to find where disease exists. I believe that the disease is in that which gives life and motion, which makes us think and feel, which makes us what we are. Call this vital power, the soul, or any other name, it matters not what it is called. And when pathologists can describe this something that maintains life, then can pathology truly deal with disease itself, and only then.

Secondly, disease is not an entity. It does not occupy space, as a man does, for instance, in a room. Disease is debility of the vital forces. And here comes the beauty of our treatment. Our drugs are poisons ; they are foreign to the normal condition. If administered to a healthy organization in sufficient dosage, they lower the vital forces at some point ; and at that point the drug-disease will produce those symptoms which we recognize. Now idiopathic disease does precisely the same thing, and by the proper administration of drugs we stimulate the vital force to a normal condition.

Dr. Houghton referred to the bill before the State Legislature relative to commitment to asylums of those supposed to be insane. This bill is to the effect that it shall be the duty of any one who has an insane person under his charge, or of any person who suspects or supposes that a person is insane, to make application to a judge or sheriff of the county or district, as the case may be. The patient is to be examined by three competent physicians, the sheriff who holds the examination to decide the case in one or more sessions. His fee being ten dollars a session, with extras for clerical expense. These fees are to be paid out of the insane person's estate, or by the county.

Dr. Houghton said the State Society, the Kings County Society, and many other medical societies had objected to this bill.

Dr. Burdick moved that we concur

in the State Society's action. Carried.

Dr. Allen moved that notice of this action be sent to the chairman of the law committee of the State Society. Carried.

The following resignations were received and accepted: Drs. E. P. Fowler, Jno. C. Minor, Alfred K. Hills, and Arthur T. Hills.

Dr. Minor, explaining his resignation, said: The intention to resign was formed when we had such a fight five years ago. One of my reasons for not resigning sooner was that I wanted to wait until there could be no personal feeling in the matter. I have no fault to find with this society, but I believe it to be the privilege and duty of the physician to use such remedies as he thinks best. I don't want to belong to any society which seeks to hamper the action of its members. The law no longer requires the physician to belong to a county society, but if I were to be a member of any county society, this one would be my choice.

On motion the society adjourned.

THE COMMENCEMENT SEASON.

THE AMERICAN VETERINARY COLLEGE held its eighth commencement on March 1st, at Chickering Hall. Degrees were conferred on twenty-two candidates. The Rev. Henry Ward Beecher delivered a characteristic address to a delighted audience. The Rev. G. E. Strowbridge offered prayer, in which he said: "Grant that the abomination of the check-rein may speedily be abolished; that the fragment of fashionable embroidery may be changed to a generous blanket, and that the wind may be truly tempered to the clipped steed."

On the following evening, at the same place, the ECLECTIC MEDICAL COLLEGE held its twenty-second commencement. The oration was by the Rev. Dr. Dewitt Talmage, and the charge to the graduates was given

by Hon. Chauncey Shaffer. Thirty-seven diplomas were issued.

THE UNITED STATES MEDICAL COLLEGE held its fifth commencement, at Steinway Hall, on March 6th. The degree of doctor of medicine was conferred on twenty-seven graduates, five of whom were women. The degree of doctor of anthropology was granted to Andrew Jackson Davis, and the degree of doctor of pharmacy to Richard E. Kunzé, M.D., and B. F. Underwood, M.D. The orator was the Rev. G. W. Gallagher; Prof. Alex. Wilder reported for the faculty; Samuel R. Filley, Esq., presented the degrees, and Prof. Gunn delivered the charge to the graduates.

The College has, during the past year, received large gifts of money, and has purchased a plot of ground upon which the trustees propose to erect a college building and hospital. The College has had a hard struggle, but better days are dawning for it.

THE MEDICAL DEPARTMENT of the University held its forty-second commencement, on March 13th, at the Academy of Music, and graduated one hundred and sixty-four students. The address was delivered by the chancellor, Rev. John Hall, D.D.

On the 14th, the BELLEVUE MEDICAL COLLEGE presented the results of its winter's work to the public. It numbered one hundred and sixty-seven; four of whom were given positions as resident surgeons at Bellevue Hospital. Prof. Samuel D. Gross, of Philadelphia, was the orator who told his young charges that too much knowledge was dangerous, but advised them to get married early.

THE HOMŒOPATHIC MEDICAL COLLEGE held its annual commencement exercises at Chickering Hall, on Thursday evening, March 15th, before an immense audience, which crowded ever part of the auditorium.

There were present upon the stage,

beside the faculty, many prominent physicians of New York and the adjoining States.

The introductory address was made by the Dean of the College, Prof. Timothy F. Allen, M.D.; and the degree of Doctor in Medicine was conferred by Edmund Dwight, Esq., Vice-President of the Board of Trustees, upon the following gentlemen:

L. Allen, Mass.; R. Asher, N. Y.; J. S. Ayers, N. J.; F. M. Bennett, N. Y.; A. J. Bond, N. H.; C. S. Bray, Conn.; E. F. Briggs, Penn.; D. W. Burnett, N. Y.; C. H. Forbes, Mass.; A. D. Getman, N. Y.; D. B. Grove, Penn.; E. C. M. Hall, Conn.; W. J. Hanford, N. Y.; P. S. Hann, N. J.; G. S. Hermance, N. Y.; J. R. Hoffmann, N. J.; W. C. Hollister, N. Y.; C. P. Hopper, N. Y.; C. Infield, N. Y.; J. H. Keeney, N. Y.; C. E. Lane, N. Y.; I. J. Lane, N. Y.; J. Z. Lawshé, Ga.; A. Luscomb, Mass.; A. R. McMichael, M.D., N. Y.; N. Nutting, N. Y.; A. W. Palmer, N. Y.; F. N. Pampinella, N. Y.; W. H. Pierson, N. Y.; H. J. Pulver, Conn.; F. E. Rabe, Conn.; J. P. Rand, Mass.; H. E. Rice, Mass.; T. C. Royal, Conn.; G. S. Shelton, N. Y.; C. S. Shimer, N. Y.; L. K. Shipman, R. I.; W. C. Skiff, Conn.; C. B. Small, N. Y.; T. J. Thurber, N. Y.; A. M. Tracy, Jr., N. Y.; J. W. Ward, Cal.; A. G. Warner, N. Y.; G. H. Wilkins, Conn.; F. F. Williams, N. Y.; J. E. Wilson, Mass.; A. Zoller, N. Y.

AD EUNDEM—George P. Booth, Muskegan, Mich.

Prof. F. S. Bradford, M.D., the Secretary of the Faculty, presented the first prize, for the highest standing in all departments, consisting of a beautiful office case of medicines (450 remedies), to J. W. Ward of Jan José, Cal.

The second prize, another office case of remedies, was awarded to A. G. Warner, of Watkins, N. Y.

The Wales prize, for the highest proficiency in all the junior studies (a Helmuth pocket case of instruments), was presented to F. S. Fulton of Norwich, N. Y.

Honorable mention was made of Alvaro Zoller, of Ogdensburg, N. Y.; E. C. M. Hall, of Fair Haven, Ct.; Lawson Allen, of Woburn, Mass.; Arthur Luscomb, of Salem, Mass.; and John Z. Lawshe, of Atlanta, Ga.

The Rev. Thos. S. Hastings, D.D., delivered the charge to the graduating class, and the exercises were closed by a valedictory by George S. Shelton, M.D.

Sixty-six juniors were reported as having passed satisfactorily the studies in that department, the following being deemed worthy of honorable mention: C. N. Payne, of Waverly, N. Y.; L. A. Opdyke, of Newark, N. J.; Nath'l Robinson, of Brooklyn, N. Y.; F. N. Sage, of Cromwell, Ct.; C. W. Moody, of Plainville, Ct.

Later in the evening the Alumni, to the number of 300, sat down to an elegant supper at the Brunswick; Dr. Pratt, the oldest graduate present, acted as President, and Dr. Talcott as the toast-master.

LITERATURE.

No physician can have been in general practice, even for a few years, without encountering some cases of neurasthenic diseases, which, while simulating almost every known form of complaint, may be all cogently summed up under the term hysteria. In diagnosing this condition care has to be taken to distinguish between the simulated and the real, and these are often so inextricably mixed up in the case, as to make a proper judgment a matter of much difficulty. To the study of these cases Dr. Weir Mitchell has brought much zeal and that nice faculty of discrimination which has made him so successful a practitioner. Following in his footsteps, Prof. Playfair, of London, has been an earnest advocate of the rational use of rest, massage, and faradization in the treatment of these cases; and his contributions to the *Lancet* on this topic, supplimented by various

appendices, have now been gathered into book form.*

The method of treatment advised is purely of the expectant order, but this is carried out with such due attention to detail, that it actually rises to the dignity of a scientific procedure. Its essentials are complete seclusion of the patient under the care of a thoroughly competent nurse, forced feeding, massage, and the localized employment of the interrupted current of a considerable degree of power. The numerous cases, of which he gives details, are very interesting, and under his careful observation, at least, wonderful results have been obtained. The cases in which this treatment seems likely to succeed are those of old-standing, bed-ridden, and emaciated invalids, who have fallen into a state of helplessness, or those definitely hysterical patients who have become morbidly dependent on the injudicious sympathy of those that are about them. The frank and earnest spirit of the man is shown in the following paragraph, with which he concludes one of these essays.

"One or two of my professional brethren, whose opinion I value highly, have objected to the methods of treatment employed, especially to the massage, as savoring, to speak plainly, of quackery; one eminent physician, indeed, has assured me that he thinks it far better to leave patients of the class I have been talking of to drag on a life of suffering, a burden to themselves and to their families, rather than to cure them by such means. Now, I am bound frankly to confess that to me this criticism is absolutely unintelligible. To my mind, quackery does not consist in the thing that is done, so much as in the spirit in which it is done. The most time-honored and orthodox remedies may be employed in such a manner, and by men boasting of the highest qualifications, as to be fairly

chargeable with this taint. That we should be debarred from the use of such potent therapeutic agents as shampooing, massage, or systematic muscular exercise, whichever we may choose to call it, or electricity, or hydro-therapeutics, and the like, because in unworthy hands they have been abused, seems to me almost worse than an absurdity. The true scientific position is, I submit, that we should endeavor to rescue such means of treatment from abuse, and lay down rational rules for their employment. It is with such views, and in such a spirit, that I have endeavored to deal with these distressing and hitherto intractable cases, and I venture to hope that the large majority of the profession will agree with me, that not only are we fully justified in resorting to such treatment, but that the eminent American physician who first introduced and systematized it has done a signal service in teaching us how to deal successfully and scientifically with a class of cases which has hitherto been entirely beyond our skill, and which brings untold misery not only on the sufferers, but on all connected with them."

As the diseases of children occupy a very important place in the busy life of the family doctor, we take up any work relating thereto with interest and curiosity. In no department of practical therapeutics is the physician so frequently called upon to decide delicate questions of diagnosis as in the treatment of infants and very young children, and anything which promises practical help therein may be welcomed as an addition to medical literature. Prof. Underwood has presented a monograph* on this very interesting topic, especially intended for the instruction of students and young practitioners, and consisting essentially of his own course of lectures on that subject. He has laid

* "Nerve Prostration and Hysteria." By W. S. Playfair, M. D., Philadelphia: Henry C. Lea's Son & Co.

* "The Diseases of Childhood." By B. F. Underwood, M. D., New York: A. L. Chatterton Publishing Company.

out his work in a methodical manner, both as to the order in which the discussion of the various diseases is taken up, and as to the treatment of each individual subject. His description of the various pathological conditions, beginning with "sore mouth" and ending with "scabies" is clear, practical, and on the whole exact. Accompanying each subdivision of the subject matter are the therapeutic indications; these being arranged in alphabetical order, and drawn from the most approved sources. In this arrangement, we beg to suggest, the author has committed an error, which we hope he will correct in a subsequent edition. It would be a substantial improvement if the most frequently required remedies, in any disease, were emphasised either by being mentioned first or by some typographical accent, so that they might be brought instantly and vividly to the notice of even the casual or hurried reader; and those only demanded by unusual or peculiar cases relegated to a convenient unimportance. To illustrate: under the caption of "colic" there are mentioned forty-nine remedies, undistinguished by any typographical or other index of their relative importance. Undoubtedly all these remedies do in their turn find opportunity for usefulness in this annoying disorder; but three or four of them are the pack-horses, who do most of the work. To a practitioner, so able as Prof. Underwood, such special guides to selection are unnecessary; in fact, the mere mention of the names of the drugs would be an all-sufficient aid as a memory refresher; but, on the other hand, we can imagine the discouragement of the inexperienced fledgling after reading through these half a dozen pages of closely packed symptoms—and all good for colic. What is needed in all works of this kind is a *digested* materia medica; and if the author will kindly furnish this, and there is no one more competent for the task, he will confer a favor on many a confused student in his de-

partment. As it is, he has furnished a very useful book, one that we hope to see introduced into all our colleges as a text-book, and one that we can commend to our busy confreres as a ready and reliable reference in moments of perplexity. The book is legibly and beautifully printed on fine paper, and is a creditable specimen of typographic skill.

The notable increase in the serious attention given to the science of pedagogics, and the consequent gradual rise of the teacher in the social scale, is one of the most encouraging features in the present drift of thought. It is becoming impossible to disguise the fact that our system of public instruction is something more than imperfect, worse than inadequate, and that it leaves the recipients, not only poorly armored for the battle of life, but actually in many instances handicapped with impaired health and wasted vitality. In medical colleges, where we have had some especial opportunity for observation, it is the rule for students to complain of the debilitating consequences of the twenty or more weeks consecutive cram for the examination. And that is just what it amounts to. And yet, here, of all places, it would be supposed, there would be a healthy public opinion alike on the benches and in the faculty room in favor of hygienic measures, and a philosophic and rational curriculum. It was therefore meet that the prophet of a better regime should arise, and challenge the attention of the intellectual and the philanthropic. In the fullness of time Prof. Buchanan has spoken,* and we can only wonder, so aptly are his words fitted to the spirit of the age, that no one has voiced these self-evident thoughts before. Although we thus seem as we read the printed page to see mirrored there the reflection of our own ideas, the

* "Moral Education." By Joseph Rodes Buchanan, M. D. New York: S. W. Green's Son.

great merit of the book is its radical originality; and it is both original and radical. Douglass Jerrold has related the story of the man who spoke fluently in twenty-four languages, and hadn't an idea in either. It is possible that Prof. Buchanan only writes in one, but he has ideas novel enough and of sufficiently wide application to interest every intelligent inhabitant of the world. Besides its originality and the importance of its theme, this book has the added merit of plainness of speech. The author has that happy faculty, unfortunately so rare among scientific writers, of clothing his thoughts in such simple language that all classes may read with understanding. The reader is never at a loss to know just what the author intends, and by this means he gives his ideas a broader currency than books on cognate subjects usually attain.

We have said that his work is original. Other writers on education have had glimpses of the truths he here formulates so lucidly. Locke, Mill, Pestalozzi, Stowe, Harris, Frœbel have all grasped parts of this pantological system. Like all invention it is simply a growth; but Prof. Buchanan has put it together so that the parts all fit into one another. Not only has he thus systemized the whole subject of education, but its psychological basis is most elaborately and succinctly stated. No more profound thought was ever enunciated than that intellectual education uses the eye, while character education uses the ear.

The title of the book—*Moral Education*—is somewhat misleading to the casual observer. Such an one would be likely to pass it by as a mere treatise on the development of the spiritual faculties; but the author employs the word in its original sense of manner, and it is, as may be judged by what we have already said of it, a comprehensive study of generic education.

Prof. Buchanan starts off with the thesis that there are five indispensable

elements of a liberal education. The first of these, and the most necessary, is physiological development.

"The formation of the manly, active, healthy constitution, competent to live a hundred years—competent to win success in life by unflagging energy—competent to enjoy life, and thus become a source of happiness to others, instead of a pauper or an invalid—competent to transmit life, health and joy to the thousands of future ages—competent to meet all the difficulties of life triumphantly, instead of struggling in misery and railing at society and at Divine Providence."

The second element of education is industrial. That is every person should be efficiently fitted from the beginning to the serious task of earning a living.

"When industrial education shall have become universal, we shall not only have a more honest and manly and fraternal race, but our fields will be more than doubled in their production, and our arts advanced from twofold to tenfold in their product, and in the abundance thus produced poverty and pauperism will be submerged.

* * * * *

The progress of industrial education in Europe will ere long furnish a triumphant demonstration of this; and in this country the Massachusetts Institute of Technology and several other institutions are making rapid progress in the demonstration."

Prof. Buchanan lays great stress on a knowledge of physiology and hygiene as a necessary element of a liberal education.

"I am speaking really of a moral duty. No man has a right to be drunk, and no man has right to be sick. He gets sick, if not by poverty or exposure, either through profligacy or ignorance, and he has no right to be either profligate or ignorant, even if the college trains him up in ignorance of himself.

* * * * *

One-half the time that is usually

expended on the Latin language would be sufficient for such a medical education as I propose for every man and every woman,—but more especially for every woman, to whom it is far more necessary and valuable than rhetoric, grammar, arithmetic, geography, history, languages, and music."

Having now prepared his ideal student to live, the next point is to make life worth living; and his fourth point is ethical education, or the development of the soul.

"Colleges are supposed to be devoted to intelligence, but I affirm they should be devoted first to virtue, and that it is as practicable to take the plasmic elements of youth, and thereof make a good man, as it is to make an intelligent or wise one. Intellectual without moral education simply increases the dangerous and corrupting elements of society."

The fifth element in importance of this systematic education is the literary or intellectual, that is the ordinary college course. All of these being the simultaneous development of the various faculties, and each adding its stimulus to the others, he believes can be amply covered in the time now allotted to the old collegiate course.

"The five elements of a liberal education naturally intermingle and unite like inter-diffused gases that aid each others elasticity. The co-education of all our powers is natural, easy and pleasant, while the repressive system so long in vogue involves fatigue, disgust, tyranny, disorder, demoralization and a positive aversion if not to study at least to true intellectual progress."

One of the most interesting chapters in the book is the "Evolution of Genius," but want of space forbids our giving even a digest of it. In the chapter on the "Sphere and education of women," he says many original and courageous things; and some which only a man of his high and pure character could afford to say. Dr. Buchanan may not live to

see his noble ideal wrought into actuality, but he has written a work that must eventually greatly alter the methods of teaching, and one that will keep his spirit at work in the world long after his physical form may have crumbled to dust.

The number of treatises on domestic medicine is by no means small, yet Professor Gunn has had the courage to add to the list another;* and after a thorough perusal of it we are glad that he did. The author is one of those sensible practitioners who prefer to prescribe for intelligent patients, rather than ignorant ones; and who realises that it is a part of his professional duty and privilege to make those who commit their health to his care understand somewhat of the art of preserving it, and of warding off the attacks of disease. It was therefore perfectly proper that he should extend to others less favorably placed the advantages which his immediate clientele have so long enjoyed. Dr. Gunn is a facile writer, and as he has had long experience in dealing with the topics here considered, has made a very readable and useful book. Under the heads of How we are made, How we live, and How to keep well, he gives a lucid description of the anatomical structure, physiological functions, and hygienic regulations, upon which physical existence is based. His description of disease is so freed from technicalities as to bring it within the intelligent comprehension of the most ordinarily educated person. While we should differ widely from him in the treatment of non-surgical cases, in many instances, yet we know him as a most-painstaking and careful prescriber, and consequently a successful one; and without doubt in his hands, at least, his methods find acceptance. There is one thing about the book that we can unquali-

*Everybody's Doctor. By Robert A. Gunn, M. D. New York; Nickles Publishing Co.

fiedly commend, and that is the paper on which it is printed. We like this soft unglazed English paper. It is such a rest to the eye after the supercalendered papers upon which so many of our text-books and magazines are printed, and we most respectfully call the attention of publishers thereto.

Messrs. Funk & Wagnalls are issuing fortnightly a series of books under the title of the "Standard Library." The name well describes the character of the publications, which are a marvel of cheapness and elegance. The subscription price is five dollars per year; but the various volumes may also be had separately at an average price of twenty-five cents. Mention is made below of some of these, which now number in all eighty-three.

Mr. Paxton Hood has laid all readers of English history under obligations by his vigorous and virile narrative of the life of Oliver Cromwell.* More just than Forster, more concise than Carlyle, with a brilliancy hardly exceeded by Macauley, and in the spirit of the mighty Commoner himself, the author causes to pass before us, in his majestic simplicity, this man who had more to do with the building of Constitutional England—the England of to-day—than all the Kings who have ever reigned. Mr. Hood is an admirable story teller. So clearly, so deftly is the narrative told that we almost live in the times of which he is writing. Certainly no one can read this wonderful story of the growth of freedom of thought and liberty of conscience without thereafter bearing in loving remembrance the name of its hero.

*"Oliver Cromwell." By Paxton Hood. New York: Funk & Wagnalls.

There are probably few doctors who do not deplore the limitations of leisure which prevent their keeping abreast of the general scientific knowledge of the day. Although Mr. Mattieu Williams presumably did not have the wants of the medical profession in view when he wrote these pleasant essays on popular science,* there is hardly a doubt that they will prove a treat to any one into whose hands they may have the luck to fall. Here are some fifty essays, on topics as diverse as the "Origin of Soap," "Formation of Coal," "Action of Frost on Water-pipes," "Meteoric Astronomy," and "Domestic Ventilation," discussed in a charmingly loquacious style; while the handy shape of the volume makes it a convenient *vade mecum*, to be snatched up during a few moments detention, or to occupy the attention during a long ride. Mr. Williams is an independent thinker, with ideas of his own on the subjects which he discusses, and expresses himself with terseness and fervor.

ELECTRICAL LIGHTER.—The possibilities of Electricity are apparently boundless, and almost every day brings forth some new invention for its application to useful purposes. One of the latest of these is the Portable Electric Lighter, (No. 22 Water Street, Boston. This is in effect a small chemical battery, occupying a space of five square inches and weighing but five pounds with all its fittings. By pressing upon a knob the current is produced, a strip of platinum is heated to incandescence and light instantaneous. This can be carried from room to room and placed upon the desk or the table. The contrivance is novel, simple, convenient and cheap.

"Science in Short Chapters." By W. Mattieu Williams, F. R. A. S., F. C. S. 12mo. pp 312. New York: Funk & Wagnalls.

THE AMERICAN HOMŒOPATH.

NEW YORK, MAY, 1883.

IS IT CANCER OF THE STOMACH?

BY

STEPHEN P. BURDICK, M. D.,
New York.

Mrs. H. J. C., aged twenty-seven years, had some five years ago inflammation of the cœcum. Since that time she has had a tendency to irritation of that portion of the intestine whenever the kind of food that first produced it is taken. During all this time she has been subject to sick headaches, especially during the catamenial period, whenever uncongenial food has been eaten. After her return from Europe, a little more than a year ago, she had less of this difficulty than formerly, although not altogether free from it. This improved state of health continued until sometime in July, 1882, when mental anxiety, acting sympathetically upon the stomach, brought on a severe attack of vomiting and headache, from which she never fully recovered. About the middle of August, being somewhat relieved, she returned from the country to New York, where she had a very severe similar attack lasting five weeks. Carbo veg., Arsenic, and Aconite were the principal remedies used, and a liquid diet was ordered. Under this she slowly recuperated, recovering sufficient strength to go again out of town. One afternoon she drove a horse and wagon, and this brought on in the evening a fresh attack. From this she partially recovered; but when she came to me for treatment on February 23, I found her suffering from the following train of symptoms: She vomited, at irregular intervals, every thing which she eat. There was great soreness near the cardiac orifice of the stomach, with burning pain, and a dragging or drawing sensation. Sometimes there was a burning pain in the stomach and again a sensation of coldness. I gave her nothing, as I could not make a satisfactory examination.

Saw her two days after (February 25th), and found the subjective symptoms as above. A physical examination revealed a thickened and semi-hard condition at the point where the pain and soreness was complained of, extending about one inch below the iphoid cartilage. This thickened mass was about one and a half inches in width; fig shaped; with the under margin very clearly defined. I gave symphoricarpus 1,000, a dose every 3 hours.

The next day there was no vomiting, the pain was greatly diminished, and the soreness somewhat lessened. The remedy was continued.

February 28th. No vomiting, pain and soreness entirely gone; remedy continued.

March 1.—Still continued all well of the condition prescribed for, but the old pain in the region to the cæcum returning. Gave yucca³ (from the plant) every three hours for three doses, and then one dose, three hours afterwards of yucca³ (from the seeds; and continued the remedy in this manner for ten days.

March 11.—Up to this date the improvement has been constant, although she has suffered much from flatulence and nervousness. Is sleeping better and appetite steadily increasing. Gave yucca⁶ (plant) and yucca¹⁰ (seeds) in the same order. The pain in the rectum was relieved almost immediately on beginning the yucca, but it seemed to set up erratic pains in the liver. Under its use the bowels, which had been quite constipated, became natural.

The patient has continued to improve, the hard lump is (April 13) much softer and smaller, and the case looks now as if a complete cure would be made. As her mother died of cancer of the uterus, it was thought at first that there could be little doubt that this was a case of cancer of the pylorus; and was so diagnosed by a prominent old school physician, but the question is, if it were cancer would it have yielded so promptly and kindly to treatment?

THE ADVANCEMENT OF MEDICAL SCIENCE.

BY

JOSEPH RODES BUCHANAN, M.D.,

Boston, Mass.

It is difficult within the limits of the brief essay admissible in a medical journal, to show how medical science may be advanced to a far higher condition than it occupies at present, and to give sufficient explanation of the views presented, to make them acceptable to those to whom they may be unfamiliar. I can present but a portion of the subject and especially that portion which, being least novel, may be presented most concisely and with the least amount of argument.

The improvement of medical science depends upon three principles—elevation of purpose, broad liberality of thought, and fidelity in research.

By elevation of purpose I mean the consecration of the physician's life to *duty* instead of selfishness—to that altruism which all religion and all moral philosophy demand—a devotion to one paramount duty, the healing of the sick; which would require him to seek everywhere for healing agencies, and having found them to use them without the slightest regard to fashions, creeds and dogmatism in the profession. He should be a faithful and fearless follower of *experience* instead of any authoritative or traditional dogmas, unless he confesses himself so imbecile as to be utterly incapable of observing and drawing conclusions from conspicuous facts, and capable only of obeying blindly the instructions of his professors. If so imbecile as this, he is manifestly unfit to practice medicine.

And yet to this state of wretched imbecility the medical schools, time out of mind, have endeavored to reduce their pupils—a condition which not only renders medical practice a series of blunders, but renders improvement almost impossible—the

rank and file of the profession being trained to resist all that does not come from the authorities—and the authorities, secure in their irresponsible power and self-sufficiency, having no motive even if they had the candor and the genius, to sanction any improvement not originated by themselves. What difficulties are thrown in the way of a Harvey or a Hahnemann by such a condition of the profession, history has already told.

The difficulty still exists, although the number of physicians who are not embarrassed or controlled by it is continually increasing. Dogma is still enforced by authority, and independent experience derided with unlimited scorn. This conception of medical ethics has even acquired a permanent lodgment in the English language, from which it will be difficult to remove it. The word *empiricism* simply means the faithful following of experience, and he who has the greatest genius for the practice of medicine is necessarily the greatest empiric; for disease in its myriad phenomena is utterly beyond the power of professional or text book description, and is truly appreciated only by the keen intuitive and sympathetic observer who sees nature as it is, and whose skill in meeting conditions enables him to do a thousand things which have not been recorded in books, and certainly not narrated in the lectures of the colleges.

All signal success and marvelous skill are *empiricism*, either in diagnosis or in prescription; and half a century ago *all* medical success was empirical, for the prevalent dogmas were absolutely homicidal. And yet so profoundly was this empirical skill detested by the authorities of the profession that they have concentrated all their scorn upon the words empiric and empiricism, attempting to make them synonymous with quackery, ignorance and imposture.

Hahnemann, though not entirely free from dogma, was the greatest of empirics in the honorable sense of that term, and it is time that liberal

physicians should declare themselves empirical as well as scientific, and redeem that word empirical, for its just use as the exponent of accurate observation and fearless performance of duty.

The American Eclectic movement in medicine was a declaration of American empiricism—an assertion of our right and duty to follow the experience of American physicians, and to utilize the great amount of knowledge they had obtained of American remedies, but was not *confined* to American experience in its assertion of freedom.

The success of that movement was due to the empirical skill and investigation which originated a superior method of practice. The burden of that movement at its formal organization in Cincinnati, rested upon three individuals, to whom its success was due, Prof. T. V. Morrow, Prof. B. L. Hill, and myself: and its superiority to all prior movements consisted in its superior *elevation of purpose*—its fidelity to truth. That fidelity to truth induced us (contrary perhaps to our own interest) to invite the presentation of the principles and practice of homœopathy before our students, who were scarcely prepared for so liberal a measure. Prof. Hill (author of Hill's Surgery) became afterwards formally connected with homœopathy as did Prof. Gatschell, who occupied a chair in the Eclectic Medical Institute, and a number of our pupils. My own connection with the Institute was longer and more responsible than that of either of the two colleagues I have mentioned, and the principle which I have endeavored to impress on the profession has ever been the candid and courteous acceptance of all truth and all honest experience from every source, and the exertion of our own powers in the empirical increase of useful knowledge.

How any one controlled by moral or religious philosophy can be indifferent to the acquisition of truth or unjust to those who would bring us their acquisitions, I cannot perceive,

and I must attribute the hostility to Hahnemann and to the American Eclectic Reform to the lack of ethical principle—the feeble energy of the moral faculties which admits of bigotry and fierce intolerance.

Medical improvement, therefore, depends upon the establishment of higher ethical principles in the profession—elevation of purpose—devotion to truth and duty—the duty being the speediest possible relief of suffering and the widest and most faithful search for the knowledge of man, his diseases and their remedies.

Hoping that my readers concur as to the necessity of this ethical elevation of purpose and the broadly liberal research which it demands, we come to the point of probable divergence when we consider the different lines of research and their probable value, as well as the results which they have already developed, some of which are but little known to the public.

Having thus reached the threshold of practical and scientific suggestions, and also reached the limits of a brief article for the American Homœopath, I must defer my more practical remarks to a subsequent article.

CASES FROM MY NOTE BOOK.

BY

G. N. BRIGHAM, M.D.,
Grand Rapids, Mich.

GRAPHITES IN ACNE OF THE FACE.

Miss H. L., aet. 28, school teacher by profession. Has been troubled with acne on the chin, about the mouth and on the cheeks. Comes out in hard bunches or nodes under the skin which after a while suppurate burrowing about under the skin in a very unpleasant way. Face looks red mottled and covered with unwholesome pimples. Menstruates at the proper time but flow is short and scanty, rather dark in appearance. Troubled with constipation.

Has tried many things, but all to

purpose, and feels perfectly disgusted.

Gave Graphites 6th, and in three weeks Graphites 200. Case improved from the first and at end of three months nearly well.

SABINA IN METRORRHAGIA.

Mrs. H., aet. 35, married; one child. Has been subject to uterine hemorrhages off and on for years. Flows excessively and for a long time in spite of anything done by her physician.

Found her with the following symptoms: Irritable—feels exhausted, weak and tired. Has vertigo on rising; also morning headache, aggravated by motion; buzzing in ears; flushes of heat in the face; bearing down pains and heat in the back. Metrorrhagia increased by the least motion; flows worse nights, mostly in paroxysms—beating of blood-vessels and flushes of heat. Sabina 200. Improvement in a short time and no return for a year.

GRAPHITES IN ECZEMA.

Ruba Norton, aet. 6 years; lymphatic temperament, and inclining obesity. Presents herself with large excoriated and bleeding patches behind the ears, covered with large scales, under which matter and acrid lymph secrete. The itching and burning is almost intolerable. The eczema is behind both ears and about alike—unless the fissures may be a little deeper upon the right side. Has been in charge of a pseudo-homœopath for some weeks, all the time getting worse. Case was aggravated by some lotion which made child almost wild when applied. Graphites 30 dil. night and morning for a few days and then a week's rest. Case improved from the very first and in six weeks cured.

If Prof. Kolbe is not mistaken, an atmosphere of carbonic acid will preserve beef sound and of good flavor for some weeks, but mutton treated in the same way turns offensive in the short space of eight days.

PHYSIOLOGICAL MORALITY OF MARRIAGE.

BY

WILLIAM L. TUTTLE, M. D.,

New York City.

I call to mind, as I am about to write, the numerous young men who have visited me for consultation in regard to imaginary troubles. One has, with shamed face, complained of this supposed abnormality, which the authors of quack literature harp on so much, for the purpose of frightening readers into visiting them. Another is shy and timid, avoiding women's society and preferring solitude, because of his ill thoughts and habits. An elderly man had reared a family of children and then deserted his wife for a buxom mistress; and now is punished by utter impotency. A woman but thirty years old relates the story of three children, one born while she was in confirmed ill health, the consequence of a husband's legal excesses. Then, again, a wasp-waisted young woman comes for advice. She is sound in lungs and throat, but has a peculiar, squeaking voice; she is eager for solitude, where her odious employment is easy to imagine. She is a sufferer from leucorrhœa, pruritus, or perhaps the furor.

It is easy enough to suggest the means of cure for all these. The first need only to attend to his business, live hygienically, and give no thought to his supposed malady. The second should behave himself, take much exercise in the open air, of an active character; bathe several times a week, using the sitting bath; sleep well and eat properly, keeping his attention on wholesome and becoming topics. The old man has destroyed himself. Only a long rest and quiet can help him; "nerve-stimulants," aphrodisiacs and the like, will accomplish no good purpose.

I have never been able to solve the problem of the young

married woman to my own satisfaction. Here is over-work and care of children, half the life spent in nursing and the other half in pregnancy and the compliance with a mad husband's behests, in season and especially out of season. Nor is the fifth example the least difficult to advise. The mother generally is the one that procures the physician's counsel. He is kept very much in the dark in regard to the patient's pathological condition, and when his advice has reached her it has little influence from being at second hand. The patient has usually become chronically diseased before he is able to see her and counsel her.

Women physicians are the best for patients of this class. There are also numerous monographs upon the subject written in an unexceptionable manner, which mothers ought to place in their daughters' hands for instruction in regard to the preservation of their health at the period when they are blossoming into womanhood. Girls are not so ignorant at this age of life as fond parents often imagine. If nature has suggested nothing to them, they have schoolmates and associates of their own sex who are not backward in such matters. It would be well for mothers, desirous of healthy as well as virtuous children, to lay aside some of their squeamishness and instruct their daughters themselves at a period suitably early, in what they ought to know.

Some of our fellow physicians are in the practice of advising young men in the habit of self-abuse to resort to the society of women. This means no less than to frequent houses of ill fame, where aside from the destruction of soul and character there is the liability to contract disease of the most loathsome nature. If physicians do not mean this, they are proposing instead that homes shall be invaded, where daughters, wives and sisters may be insulted and innocent ones corrupted. Is any physician justified in giving such advice? The boomerang of the savage is not more

likely to return upon its hurler and to wound him to death than this advice, so loosely and immorally given, to react upon the head of him who gives it. Our laws and social requirements are none too strict in this matter, as every man feels when the case is brought home to him. There can be no homes, no civil society where purity has not an existence and is honored.

The same acts which are physically injurious to the unmarried are equally so to the married. The "sowing of wild oats" unfits a man for cultivating anything else. An early, especially a precocious development of the sexual instinct, like fruit ripening prematurely, is a sure sign of blight certain to occur while the individual is yet comparatively young. It is idle to speak of imperious passion that may not be reasoned with. It would stand side by side with the delirious frenzy of a drunken man that would permit of no peace till a fellow being had been murdered. It is not nature that infuriates men's desires, but ill habits. He who eats and drinks rationally, is cleanly in speech and person, and follows an honorable calling, has little trouble of the sort. The marriage-bed is no more a fit or even a wholesome arena for incontinence than a more unhallowed or dishonored place: and the man who loves and respects his wife will not debase himself to treat her with a bestiality which no paid harlot would tolerate. It is as well to be rational and manly about this matter.

It is equally important to watch over the girls. Their modes of dress, the restricting of the normal flow of blood, are not conducive to modest thinking. The idleness, and more especially the aimlessness of their lives, intensify the mischief. Their chief reading, the cheap and exciting novels, has a direct tendency to render their thought and emotions impure and sensual. It is as impossible to be healthy under such conditions as to be rational when maddened by alcoholic drink. The great ma-

jority of "female diseases," whether of the nervous system or of the sexual organism, must be thus accounted for. The penalty for violated chastity is inevitable and severe; nor does wantonness of thought come very far short of being identical with it. The sin committed in the heart will disorder the body as well as the culpable act.

I will say to parents, therefore, to let their children be carefully instructed in regard to the slow development of the sexual system and its uses. Abuse works ruin—to health, to character, to intellect, to everything precious or desirable in life.

TRICHINA SPIRALIS.

BY

ROBERT A. REID, M. D.,

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The muscles of man are sometimes observed after death to present a peculiar sanded appearance, due to the presence of innumerable minute particles scattered throughout their substance, being generally isolated though in immediate contiguity. Each of these minute bodies is found upon microscopical examination to be an ovoid sac or cyst containing an immature worm, cylindrical and tapering, about one-twenty-eighth of an inch long and one six-hundredth of an inch thick, coiled spirally upon itself in the narrowest possible compass, and its name is *Trichina spiralis*.

Information obtained respecting the natural history of this parasite, the circumstances under which the human body becomes infested, and the morbid phenomena which characterize its presence have added to our nosological catalogue, a new and highly important affection known as the trichinal disease, or trichinosis. It is remarkably interesting, viewed from either of three points. (1.) It is of extreme importance with regard to

its possible frequency—the fatality which sometimes attends it and the ease with which it may present itself in a community where it has hitherto been unknown. (2.) It is without doubt a preventable disease. (3.) It is a malady which, though discovered within comparatively recent times, has existed unrecognized from time immemorial. The existence of the trichinæ spirales in the muscles of the human subject has been known for upward of fifty years. When first discovered, about 1832, and for many years afterward, they were supposed to be harmless, no symptoms connected with their presence having been detected. The discovery was first made in the muscles of a hospital patient, and in that case the trichinæ were exceedingly numerous, and scattered throughout the body, in the substance of the voluntary muscles. They were noticed also in persons who had died from accidental causes, from pneumonia, from phthisis, and various other affections; in a word, from affections which would appear to be entirely disconnected with the presence of the parasite; so that medical men were forced to regard them as exerting no deleterious influence upon the subjects which they inhabited. It is now known, however, that in the cases first observed the parasite had long lain quiescent in the muscular tissue, and that their recent introduction into the system forms one of the most dangerous affections to which the human race is liable.

All that was known about them was that they were encysted; that they did not exhibit any distinct sexual apparatus, and that they did not appear to produce any distinct symptoms by their presence in the human organism. This was the sum total of information regarding them until about the year 1859 when certain German investigators instituted a series of experiments, and a close examination into the natural history of this parasite. They began by feeding portions of infected muscles to the

lower animals, and they found that these little worms, so insignificant in size and so incomplete in development, so long as they are retained in the muscular system, become farther developed when introduced into the intestines of another animal. After a short time the sexual apparatus appears, copulation takes place, the female produces living young, and these penetrate into the muscular tissue of the second animal, and domicil themselves there for the remainder of life. Beside the hog they were shown to infect eels, cats, rats, mice, dogs, hedgehogs, and moles. Nothing farther had been learned, however, regarding them as affecting the human subject, until in 1860 our interest and knowledge received a fresh impulse by events that occurred in Dresden. The members of a family of that city were seized with symptoms resembling those of acute rheumatism, mingled with those usually attending typhoid fever; and one of them, a servant-girl, died. An examination was held and her muscles were found to be literally filled with trichinæ. Prof. Virchow fed portions of them to a rabbit, and it was observed that that animal became infected and died after about four weeks. The experiment was further continued by administering parts of the infected muscles of this rabbit to a second, which also became infected and died, like the first, in about four weeks. A third rabbit was fed with the flesh of the second, with a like result. These experiments showed that the disease, as it exists in the human subject, may be transmitted to the lower animals; that it may be transmitted from animal to animal indefinitely; the trichinæ passing from intestine to muscular tissue, and *vice versa*. About the same time a large number of cases occurred in Heldstadt, Prussia. Of about an hundred persons who participated in a dinner at a "Gasthaus," on a festive occasion of some sort, all were attacked with trichinosis and very many died. The disease was traced in these cases to a

kind of sausage known as "Roatewurst," of which all the guests had partaken, and which is by no means to be despised. The sausages in this instance were found, under the microscope, to be swarming with trichinæ. In a cat experimented upon by Leuchart, one ounce of muscle was estimated to contain 325,000 trichinæ, and on the basis of this calculation it was estimated that a man of medium built may easily harbor 20,000,000.

Briefly the true physiological history of these parasites is as follows: When the muscular flesh of pork containing the encysted parasite is eaten in an uncooked or imperfectly cooked condition, the muscular tissue as well as the cysts in which the worm is contained are digested in the stomach; but the worm itself retains its vitality and passes into the small intestine, the cavity of the duodenum abounding in free trichinæ after twenty-four to forty-eight hours. In this situation they lose their spiral form and begin to increase in size by the fourth or fifth day, arriving at maturity and attaining a length of from one-ninth to one-seventh of an inch. This is the mature adult condition, and the sexual organs are now fully developed and copulation takes place. Dalton states that he has repeatedly found the two sexes engaged in sexual intercourse in the intestine of the rabbit, the male fastened upon the female at the orifice of the generative apparatus. In a week or so the female becomes filled with young, the animal being viviparous, and these are produced in numbers which have been variously estimated. Virchow calculated that each female gives birth to 200 young; Gerlach says 400; and Leuchart, regarded as a most careful observer, puts it at 1,000. The young begin at once their migrations by a boring process, by which they penetrate the intestinal walls. This gives rise to irritation, as we would naturally expect, attended with considerable pain and usually a sharp attack of diarrhœa, these being gen-

erally the earlier symptoms of trichinosis. After piercing the intestinal walls, the parasites disperse in every direction, finally to domicile themselves in the various voluntary muscular tissues of the body. I am not aware that their presence has ever been detected in the muscular walls of the heart, and if they ever infest involuntary muscles it must be exceedingly rare.

They seem to prefer the voluntary muscles for their permanent dwelling place, scattered throughout which they may be found, about the end of the second week, after symptoms begin to manifest themselves. When they reach their final resting-place, they are found to have increased but little in transit, and are one from 1-120 to 1-140 of an inch; but so soon as they are encysted they begin to grow. At first they are not enclosed in distinct sacs, but occupy the interior of long smaller tubes, in which they are only partly coiled up. Nor are they fixed or stationary, at this time, for they can be made to move from one end of the tube to the other; but about the third week the coils assume a considerable degree of regularity, and the worm is there in the condition which has given to its name—*trichina spiralis*. The question arises, how did the worm reach its present situation, and whence did it derive the tube which it now inhabits? Most German observers agree that this tube is a muscular fibre; they believe that the parasite passes from the intestine to the most remote region of the body by boring its way through the intermuscular cellular tissue, and that if examined on its first arrival there, it will be found to be perfectly free; that it then penetrates the substance of the muscular fibre, producing atrophy and degeneration of its substance, and thus the fibre is converted into the tube which we have now under consideration. On the other hand, it is possible that the worm is transported by the circulation. If it can penetrate the intestinal walls, why can it not also pierce the

coats of blood-vessels, and thus reaching the left side of the heart, be swept by the current into the most remote part of the body? However, it is certain that they do reach their destination in some way, and that is the practical point. Whether the tube be a capillary vessel plugged with coagulated blood, or exudation excited by the presence of the worm, or a muscular fibre which has undergone degeneration and atrophy, it does not alter the fact that it becomes the final resting-place of the parasite.

All these changes in the trichinæ have been seen in the human subject; the adult trichinæ copulate; they have been caught in the very act; the development of the young in the body of the female has been seen; their discharge from the mother's body into the intestine, their penetration of its walls, their dispersion through the muscular tissue of the body, their domiciliation in the tubular cavities, have all been observed, together with the changes which subsequently occur in the tubes themselves. What are the symptoms which mark the progress of this disease? According to Flint abdominal pain, vomiting and diarrhœa characterise the early stage and occur within a week or ten days after the ingestion of trichinous meat; *i. e.*, as soon as the young have been produced and become sufficiently developed to begin to migrate toward the muscles. It is not difficult to understand that the aggregated punctures of the mucous membrane by these parasites should occasion notable disturbance; when it is considered that the trichinæ which have been found in a single half-pound of meat may be sufficient to give birth in a few days to a brood of thirty millions.

Just here it may be stated that the greater the irritation the more favorable the prognosis as a general rule; for if it be extreme, abundant and repeated alvine evacuations are apt to occur, and then a larger portion, perhaps all, of the parasites may be carried out of the intestine. If, however,

it is not very marked, diarrhœa is not so apt to occur; time is given the young trichinæ to penetrate the intestinal walls, and they are then beyond our reach, and the patient has entered upon the most dangerous period of the disease. There is the general pain, soreness and œdema, and at the same time the patient becomes debilitated, his pulse is accelerated—temperature may touch 106° —skin hot, tongue and lips dry and cracked; and he gets delirious. In fact, his general condition is distinctly that designated as typhoid. These symptoms are apt to result in death about the fourth week, or at its conclusion. If, however, the patient survive that period he may be expected to recover; the symptoms begin to subside, and he regains full use of his limbs; for the parasite has become encysted, he has done his worst, his career is ended, unless he gains admission to the intestine of another animal.

A question of interest is connected with the length of time which these larval trichinæ may remain in this quiescent condition, and yet retain their vitality. There is no doubt that they may live in the muscular tissue for many years, and that they retain life after the death of their host, and even after the putrefaction of his tissues. Langenbeck operated in 1863 on a man in the hospital in Berlin, removing a cancerous tumor, which was attached to and partially imbedded in the substance of the sterno-mastoid. His attention and that of others present was attracted by the peculiar appearance of the exposed fibres of that muscle, their surface being covered with minute white particles. These were brought under the microscope and found to be encysted trichinæ. When sufficiently recovered from the operation, the patient was subjected to a close questioning as to the time of infection. The result was that no such attack could be traced to a period less remote than eighteen years. At that time he was serving as an inspector of

public schools. One day during an inspection of a rural district, the committee, consisting of three, repaired to the village inn, refreshed themselves with ham-sandwiches and, of course, lager. Soon after this all were seized with symptoms which we have detailed as belonging to trichinosis, and two of them died. The symptoms seemed to point so strongly toward poisoning that the hotel-keeper was imprisoned upon such a charge. The evidence, however, being entirely circumstantial, was not deemed sufficient to convict, but he was compelled to depart from the village, so strongly were public opinion and prejudice against him. The facts as brought out left an undoubted impression on the minds of the medical men who investigated the matter that the school inspectors had been infected with trichinæ by the ham used for their repast, and that of the three, Langenbeck's patient alone survived, and had carried the trichinæ for the eighteen years that had since elapsed.

Another case is reported in Virchow's *Archive* in which trichinæ were found in a cancerous tumor, encysted and alive, and it was conclusively shown that the patient suffered from trichinosis twenty-four years before. It also seems of interest to know something of the chances of being infected with trichinæ which those incur who make use of pork as an article of food. A committee appointed by the Chicago Academy of Sciences to investigate with reference to this point, reported that out of 1,304 hogs examined in different packing-houses and butcher-shops in that city, trichinæ existed in twenty-eight. They therefore estimated that of the hogs brought to that market fully one in fifty was affected with the disease. The affection known in the West as "hog cholera" is, I believe, undoubtedly trichinosis; and in this connection I might relate that a few years since, when visiting in a thriving western State, I frequently knew of hogs, just attacked with the disease or recovered from it, being sold at a neigh-

boring packing establishment. Of course every pound of their flesh helped propagate the disease. Thus we see that all who use pork are in danger, unless measures be taken to destroy the vitality of the worm. Smoking and salting will not do this; thorough cooking is the only effectual means. It is a remarkable fact that most of the cases thus far in this country have been among the German portion of our population. It is without doubt due to the fact that they have the custom of eating ham, sausages, etc., in a partially cooked condition only. The danger can only be removed by the pork being cooked, and that thoroughly. "Now if you bear in mind that one pig in fifty is infected with trichinæ, you will perhaps think many times before partaking of pork, ham or sausage in the raw state;" for you understand that the pig is the only animal used for food liable to the disease, neither the sheep nor the ox being affected. Some of the worst cases recorded have been from eating pork chops the interior of which was not properly cooked, though the exterior was beautifully done. "In order to destroy the vitality of the trichinæ, the meat should be subjected to a temperature of 212° . If you boil a ham for half an hour, or even an hour, you do not necessarily subject all parts of it to this temperature. In the central portion of it the temperature will not rise to that point unless the boiling has been long continued. A temperature of less than 160° does not affect the trichinæ; and therefore, as shown by direct experiment, a piece of trichinous meat, any part of which has not been raised above that point, is just as dangerous as though eaten raw. These are the chief points of importance and interest in connection with the disease, I believe. The disease is fatal enough, frequent enough and revolting enough to induce us to take all possible measures to prevent it; and I do not think anything is sufficient for this, except a personal examination of every portion of pork, ham, bacon or sausage

used as food, to see that every part of it has been thoroughly well cooked.

SPINAL HÆMORRHAGE.

BY

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Spinal hemorrhage is a very fatal, but, happily, a very rare affliction. The great majority of cases usually classed under this head are cases of spinal *meningeal* hemorrhage, and not hemorrhage into the spinal cord.

Symptoms.—The characteristic symptoms of spinal hemorrhage are pain at the seat of lesion, and sensory and motor disturbances in the parts to which the nerves derived from that portion of the cord and the portions below it, are distributed. As a general rule, the functions of this part of the cord are either immediately abolished or greatly impaired, producing paralysis and anæsthesia in the parts below; but occasionally there are spasms and hyperæsthesia. When the hemorrhage takes place gradually, it first produces numbness in the extremities, stiffness at the seat of lesion or in the cervical region, and great weakness of the extremities, and sometimes of the whole body. When fully developed, the lower sphincters are paralyzed, as well as the extremities, and so also is the detrusor urine. Reflex and electric excitability are likewise lost or greatly impaired.

Acute bedsores are apt to form in these cases, similar to those caused by cerebral hemorrhage. This form of decubitus is not owing to pressure, but to paralysis of the trophic centre in the gray substance of the cord, and generally betokens a fatal result. It is usually accompanied by an increase of bodily temperature, the mercury sometimes rising to 101° or 102° .

If the blood be effused rapidly, death will generally ensue within a few

hours or days; but if slowly, life may be prolonged indefinitely, but in most cases only at the expense of a greater or less degree of paralysis and anæsthesia in the parts below.

Causes.—The principal causes of spinal hemorrhage are myelitis, softening, and traumatic injuries, such as result from severe blows, falls, roadway and railway accidents, gun-shot wounds, etc. Many other causes have been assigned, such as tetanus, low fevers, amenorrhæa, violent lifting and straining, excessive sexual indulgence, the too free use of alcoholic liquors, etc., but such causes are only conjectural.

Diagnosis.—When the effusion takes place slowly, and is so situated as to implicate, not only the lower extremities, but important parts above, such as the muscles of respiration, the diagnosis may generally be made out, at least to the extent of establishing an intravertebral hemorrhage; but it is evident that in most cases the chief reliance must be upon the history of the case, the existing symptoms affording but few diagnostic marks. When, however, paraplegia takes place suddenly, and is plainly the result of an accident, we shall generally be warranted in attributing the paralysis to medullary or meningeal effusion, particularly the latter.

Prognosis.—The prognosis is extremely unfavorable, as the great majority of cases prove fatal sooner or later. A considerable number of cases of paraplegia, however, apparently resulting from spinal hemorrhage, are on record, which have recovered, and although there may have been an error of diagnosis in some of them, it is plain that such cases should not be regarded as utterly hopeless. The seat, no less than the extent of the lesion, greatly influences the prognosis, since effusions in the cervical region are far more dangerous to life than those which occur in the dorsal and lumbar regions, because they are liable to im-

plicate the phrenic nerves, and thus produce sudden death by asphyxia.

Morbid Anatomy and Pathology.—When the blood is effused into the substance of the cord, it is generally confined to the gray matter. It extends both longitudinally and laterally, but chiefly in the direction of the long axis of the cord, the clot varying in size from that of a hazelnut, or less, to that of an almond, and in some cases it occupies the entire centre of the cord for several inches. These effusions occur most frequently in the cervical region, becoming less and less frequent as we descend the cord. The white substance seldom yields to the pressure, but when it does, or when lacerated by injury, a blood-tumor generally appears under the meninges.

The symptoms of spinal hemorrhage are clearly the result of irritation and compression of the nervous tissues of the cord. When the effusion takes place gradually, the first effect is generally one of excitation, giving rise to spasms and hyperæsthesia; but when it occurs suddenly, or in any considerable quantity, the pressure becomes so great as to destroy or greatly impair the function of the cord, producing at once a greater or less degree of paralysis and anæsthesia.

Treatment.—In traumatic cases, the leading indications are, to arrest and prevent hæmorrhage and inflammation within the spinal canal; and this can be best accomplished by keeping the patient as quiet as possible, applying ice to the spine, and administering such remedies as Aconite, Belladonna, Hamamelis, Secale cor., etc.

When the hæmorrhage sets in gradually, an opportunity is afforded for making that nice distinction in the selection of remedies which is necessary for the satisfactory management of this class of cases. Aside, however, from the administration of the class of remedies best adapted to promote the absorption of the clot, such as Arnica, Guaco, Kali iod, Sulphur,

etc., little more can be done than to select from the following list such remedies as are best calculated to remove or lessen the exciting cause and its effects, viz.:—Anac., Baryta carb., Bell., Canst., Coccal., Cupr., Gels., Lacheo., Lauerc., Nat. mur., Nux vom., Ar. ac., Phos., Plumb., Secale, Stram.

SANGUINARIA IN STOMACHIC DISORDERS.

BY

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In acute gastritis I have learned the value of Sanguinaria. The burning epigastric pain, aggravated by taking food, unrelieved by vomiting, and increased by pressure; the unquenchable thirst, with longing for piquant articles of food; and the great prostration of acute gastritis, call unmistakably for Sanguinaria. The following case presents the condition for which I prescribe this remedy:

Mr. R. H., aged forty-seven, a prosperous provision dealer, was taken ill in June, 1878, after drinking a large quantity of iced milk. The symptoms were first slight rigors, followed by a feeling of heat and depression. He lost his appetite, became apathetic, neglected his business, but not being used to being sick hardly realized that he was so, and did not send for a physician. Matters had gone on in this way for nine or ten days when I first saw him. He then complained of an acute pain in his stomach, as if that organ was on fire. Vomiting was frequent; preceded by intense nausea and followed by great exhaustion. After vomiting he craved food, but eating the slightest quantity increased the burning distress in the epigastrium. His thirst was prodigious, and it was only by the most constant watchfulness that he was prevented from

drinking enormous quantities of water. He had considerable vertigo, worse when stooping or lying down. He was irritable and objected to the slightest noise; even his children talking in the next room made him very angry. His face was pale; lips dry; tongue very red, especially at the tip, and felt as if burned by drinking some hot liquor; breath foul; bowels constipated; urine normal; pulse eighty-five; temperature 100° F. He was given Sanguinaria, third decimal trituration, two grains every three hours, and in four days he was quite well; appetite, digestion and bowels all normal.

In that common form of indigestion which proceeds from a deficient secretion of gastric juice, (gasterasthenia), and consists of loss of appetite, heartburn, and periodic vomiting, Sanguinaria is a most efficient remedy.

"When the food undergoes chemical decomposition, and gas is evolved in large quantities, Sanguinaria will generally change the action of the stomach, and digestion becomes more complete. When the mucous membrane is congested, the flatus formed by fermentation is retained by a spasmodic constriction of the cardia. Its irritation is reflected upon the lungs, through the pneumogastric nerve, exciting a feeling of tickling in the entrance of the trachea, with sympathetic cough. This peculiar, dry cough does not yield to expectorants, but often persists for hours, and is only relieved by eructations. Aromatics and stimulants fail to expel the gas; they only increase the erethism of the coats of the stomach. The Sanguinaria affords a better resource. It not only relaxes the constricted cardia, permitting the flatus to escape, but excites a healthy reaction on the whole surface of the fauces, œsophagus and stomach, superseding the morbid state of a healthy one."—HUNT.

In this condition, where so many physicians resort to pepsin-preparations, I find Sanguinaria almost spe-

cific, and use it with increasing confidence and pleasure year by year.

Chronic catarrh of the stomach, otherwise known as chronic gastritis, and cramps of the stomach (gastrodynia), especially when these occur at stated intervals, and other gastroses, are often cured by Sanguinaria, when the subjective symptoms resemble those already noted; but I have never had any success with it in simple vomiting, ipecac, or nux vomica, or cocculus palmatus generally succeeding when it fails.

The following case was diagnosed by several physicians as *ulcus ventricula perforans rotundum chronicum*, (round perforating ulcer of the stomach) before it came under my observation. I believed it to be the same, but as he is now cured, only a necropsy will ever reveal what was the matter. M. J. T., aged thirty-four, a paper-hanger by trade, applied at Manhattan Hospital for treatment, in January, 1882, for relief from the following condition: He had suffered for more than a year from burning pains in the epigastrium. These were worse when lying on the right side, or even if when sitting he leaned toward that side. In fact they had become unendurable. Pressure on the stomach always mitigated them, although it never entirely relieved him. Although these pains were always spoken of as being in the pyloric region, yet they were also apparently in some way connected with the spine. Eating partially relieved the distress, although it was frequently followed by vomiting. The vomited matters consisted of soured ingesta, slimy mucus, and at intervals of dark, decomposed blood, and were generally ejected without much muscular effort. His appetite was good; in fact he ate too much, and many things that did not agree with him. He had a great relish for milk, but could not digest it. His bowels were usually constipated, although occasionally he would have a diarrhœic stool, the nature of which I did not learn. He had lost much

flesh; his spirits were depressed; his face was sallow and sunken; his tongue was clean, but of too bright a color; respiration was rather rapid; pulse eighty; and temperature (evening) 99 7-10° F.; his general appearance resembled marasmus. As though to make the diagnosis of ulcer of the stomach more probable, the history of the case showed that previous to the appearance of these symptoms he had been badly burned, on the arms, face and chest, by the firing of some alcohol he was using. Sanguinaria, third decimal trituration, slightly aggravated some of the symptoms and partially relieved others from the first. Its steady use proved the prescription a good one, and he was discharged cured in about two months.

Pyrosis, when occurring as a solitary symptom, will generally yield to Sanguinaria, although it in some cases merely proves palliative, arresting a paroxysm, but not preventing a recurrence of the trouble.

ADDRESS TO THE GRADUATES OF THE NEW YORK MEDICAL COL- LEGE FOR WOMEN.

BY

JENNY DE LA M. LOZIER, M. D.

LADIES OF THE GRADUATING CLASS:—It becomes my province, on behalf of the Faculty, to bid you an affectionate farewell and a "God-speed" in the new life upon which you are now to enter.

Never before has a farewell, usually a word of sadness, fallen so musically upon your ears, nor been so fraught with brightness and joy.

If hospitality be a readiness to welcome the coming and speed the parting guest, then may we, your teachers and friends, exercise it heartily to-night. You have been, for three years past, sharpening your weapons, fashioning your armor and keeping many a weary vigil, and feel eager for some real contest which

will test the temper of your steel and the worth of your preparation.

If you had not this eagerness you would be unfit to bear the honorable title of physician.

You have received, in the docile spirit of learners, from your instructors the facts and theories which human knowledge has as yet recognized in anatomy, physiology and therapeutics. Now it will be your privilege to verify them in your own experience, or to discover new ones. There are so many unknown things yet in science, that an almost limitless field of research is open before you.

In the departments of biology and microscopy your patience and accuracy may be rewarded by the revelation of something as yet only conjectured. The grand subject of etiology is a marvelous and tempting one, and although many theories afloat have their little day and drop into oblivion, truth is awaiting us somewhere in this maze of conflicting ideas, and you may be so happy as to find it. The natural sciences, by their inexactness and incompleteness, continually urge us on in the path of study, and continually repay us by their successive developments.

You must now when the excitement of college life is over, assimilate by reflection what you have learned, that it may become a part of yourselves. In this process you will from the predispositions and limitations of your own nature, embrace a certain philosophy of medicine and therapeutics. You will either practice a Homœopathy whose range is in the infinitesimals or you will use drugs in a more tangible form or you will employ other agencies of which experience or clinical observation has proved the efficacy. It is utterly impossible that all should think alike, and the truth which you hold from deep conviction is the *only truth* which will make you free and strong. Therefore be fully persuaded in your own mind and go on in your work, always remembering the beautiful motto of our College, "In certis

unitas; in dubiis libertas; in omnibus charitas." Endeavor to be thoroughly practical and consider no detail beneath your attention, your personal appearance, your manner in the sick room; the scholarly and strictly professional arrangement of your office, your business habits, should all be studied if you wish to succeed. You should cultivate an intelligent sympathy with the sick and suffering; a sympathy which will enable you to appreciate the mental and moral as well as physical causes which have resulted in disease and counsel accordingly.

In mercantile or manufacturing business it is legitimate to create a demand for the articles sold or made, but in the profession of medicine it should be our constant aim so to enlighten others respecting hygienic laws and preventive measures that one shall eventually become less necessary to the human family. As the infant needs no leading strings when natural strength comes to the tender bones, so mankind when born and reared according to the laws of nature will seldom need help from the physician. And remote as that happy day may be, it is nevertheless our duty to hasten its advent.

You are therefore to be teachers and missionaries, and should regard the administration of drugs as only one part of your work. And though the drugs may disappoint you, the seed of truth which you may be allowed to plant in a sick and feeble soul will, with God's blessing, bear fruit an hundred fold.

When you receive your diplomas to-night do you selfishly wish to drift away from your sisters, your alma mater, or do you intend to coöperate still with the workers who are striving to maintain an institution where others like yourselves may be trained for usefulness? Think of this and act according to your conscience. Every honor you win reflects glory upon your Alma Mater, every success you attain will help all women physicians, while

every mistake or failure will injure them.

Our graduates have formed themselves into an active body, the *Alumnae Association*, whose aim is to cherish the *esprit du corps* so helpful and strengthening to us in our work. This association holds monthly meetings for the discussion of practical and professional subjects, and you are cordially invited and urged to enroll yourselves at once in its ranks and to do all in your power to increase its usefulness.

We congratulate you upon the steadfastness with which you have pursued your course, the thoroughness with which you have performed your work and the creditable manner in which you have passed your examinations. May the three years you have spent with us be typical of your future course, and may you realize your brightest hopes in the practice of our noble profession.

ORIGINAL TRANSLATIONS.

BY

SAMUEL LILIENTHAL, M.D.

BLATTA ORIENTALIS.—The active part of *Blatta Orientalis* is an organic acid, easily soluble in cold or hot water, in Alcohol, and forms easily soluble salts with Natrium, Calci and Ammonia. Tochenyschew (St. Petersburg) experimented hypodermically with a watery solution is found in frogs a short suppression of cardiac pulsation, the contractions of the heart become rapidly weaker and are finally extinguished. The heart remains in diastole, all the cavities are filled with blood. Neither the central nervous system nor the inhibitory apparatuses of the heart are hereby affected, it attacks exclusively on the cardiac muscle and its motor ganglia. In hot-blooded animals, small doses cause retardation of the pulse, large ones stop the beat of the heart, the former perhaps depending on an irritation of

the inhibitory apparatus, the latter on paralysis of the same, whereby the antrum of the motory cardiac nerves may also be affected. Blood pressure is diminished by paralysis of the vasomotory centers in the spinal cord and medulla oblongata. Death sets in from paralysis of the heart. The acid is a powerful diureticum, acting as an irritant to the secretory elements of the kidneys. *A. M. C. Z.* 82. 82.

Bogomolow (St. Petersburg) uses *Blatta* frequently in dropsies either in powder form or the tincture. In 19 cases it produced copious perspiration, in 61 cases copious urination, in 13 cases it increased the diarrhoea. In three cases of uræmia it failed, though given hypodermically. He prefers the tincture, 2 ounces of well-dried *Blatta* macerated in one pound 95% alcohol, the mixture standing for several days in a warm place. He gives a teaspoonful three times a day to adults; to children, very small doses, 10–20 drops. *All. M. C. Z.* 98. 82.

ON THE INFLUENCE OF SOME DRUGS ON THE SECRETION OF THE GASTRIC JUICE.—By Dr. Aurep (St. Petersburg). Atropine and morphia subcutaneously applied, cause even in small doses a decided diminution, in larger doses Atropia suspends the secretion for one or two hours. Pilocarpin, 0.004, subcutaneously applied, increases the secretion, and in larger doses it passes the normal state from 50–300%. Such a state lasts about an hour, and it takes two or three hours till it becomes normal again. Nicotinum in doses of $\frac{1}{20}$ to $\frac{1}{2}$ of a drop increases the secretion, but never above 70% of the normal. Chininum in dose of 0.01 to 0.5 subcutaneously shows no influence, but with more than 1.0 the secretion is diminished. Bionitræ, Digitalia, Sodium Chloride and Potassium Chloride (the latter two in clysmas) show no action, the same with Potassium

Bromide at 0.5, doses but 0.7 to 1.2 somewhat diminished the secretion. *A. M. C. Z.* 86. 82.

POISONOUS EFFECTS OF IODOFORM.

—(1) Suddenly appearing frequency and smallness of the pulse followed by insomnia, great restlessness, delirium, hallucinations, fits of fury, acute dementia, melancholia, refusal to take food. These symptoms may be transitory or last for several weeks. The patient may be fully restored or such symptoms may lead to death from paralysis of the heart or lungs. (2) After a short stage of irritation with the picture of a severe meningoencephalitis symptoms of general cerebro-paralysis set in (unconsciousness, coma and sopor, involuntary defæcation and urination, great muscular debility). Such cases end in most cases in death, with children even with relatively small doses. Autopsy reveals fatty degeneration of the heart, kidneys, in the brain either nothing or œdema of the pia, chronic leptomeningitis. The danger increases with increasing age. Some persons have a regular idiosyncrasy to the drug, whereas others bear it well, even in large doses. (Dr. Kœnig). *Centralbl. f. Chir.* 8. 1882.

Hyoscinum Hydrogdatum ($C_6H_{11}NO$) is a brownish crystalline mass. A drop of a 1% solution acts quicker and more powerful on pupil and accommodation than a drop of a solution of Atropine of ½%. Hyoscin opposes more resistance to Eserine than Atropine, but the action of a Hyoscin whether of 0.01 to 10 is, of shorter duration on the pupil and accommodation than an Atropia solution of 0.05 to 10 and more easily removed by Eserine. *A. M. C. Z.* 92. 82.

Witthauer (Eisenach) gives in whooping-cough R. Tinct. Eucalypti glob. 3.0, Glycerini, Syrup sach. aa. 15.0, Aqua dest. 100.0 M. Every three hours a teaspoonful and is sat-

isfied with the result. *Memorabilia* VIII., 82.

ACTION OF SALICYLATE OF SODA

ON THE CIRCULATION.—Maraglios (Geneva) comes to the result that (1) ea refractra dose it causes a progressive vigor in the beat of the pulse and thus a rise of the systolic line. (2) After a single full dose the same is observed an hour after taking the drug; it reaches its maximum after 2 to 3 hours and disappears after 3 to 5 hours. The normal diastolic is usually accentuated. Sometimes the pulse becomes tricotus. (3) The intra-arterial pressure rises about an hour after taking the full dose, and becomes normal again after three hours. The rise oscillates between 10 and 20 minutes, Hydrarg. We may therefore exclude any depressing action of this drug on the heart. *Centralbl. f. M. W.* 48. 82.

ABSTRACTS.

REMARKABLE CASE OF PERIODICAL PEELING OF THE CUTICLE.—A. Chevallier Preston, M. R. C. S., reports a singular case, in the *Lancet*, of a woman who has suffered from childhood as follows: At intervals of a month or six weeks she experiences for a day or two a slight feeling of malaise, after which the skin of every part of the body comes away in "casts," and the cuticle which separates from the extremities, does so in one entire and sometimes unbroken piece, resembling a "glove" or "stocking." The new skin beneath has the appearance of ordinary skin after desquamation, and lasts her, to use her own expression, for several weeks, when it begins to get irritable and inflamed. The desquamated skin is of the thickness of the ordinary cuticle, and in places is as tough as the lining of a hen's egg. When the skin has come off, she expresses herself as "quite well" again, and is able to get about, feeling far more comfortable in the new

skin than in the old one. Nothing could be gathered from her previous history which threw any light on the cause of this extraordinary phenomenon.—*N. Y. Med. Times.*

THE VAGINAL SPECULUM.—A few years ago the question *cui bono?* asked with reference to the vaginal speculum, would have been taken as indisputable evidence of either mental vacuity or perversity on the part of him propounding it. Until within a comparatively recent period this instrument held from the time of its revival by Recamier, such an important place among gynæcological devices that to be a gynæcologist and not have an assortment of specula, would have been considered impossible and absurd. In the history of diseases of women the affections to which the sex are prone have at various periods been assigned to different divisions of the sexual apparatus, and different pathological conditions of these divisions. Thus we have the time when the ovaries were made to bear the brunt of blame, then the inflammation of the uterus was made the scapegoat, then ulcerations of the os and for over thirty long years these have been the fashion, and the patience and the long suffering of the womb, during this era, fix it as the greatest martyr of the ages. It was leeches, and burnt, and blistered, and scalded, and frozen, and otherwise maltreated as never was male or female organ, in the history of all the persecutions of the darkest ages. It was during these times that the speculum was enthroned king among implements of torture, giving the entree to the most sacred of recesses, and, *mirabile dictu*, made to seem woman's greatest benefactor. The vaginas that had not been explored by it, were only such as were guarded by gentle Hymen, and even her most emphatic protests in the name of nature, were not always sufficient to prevent the introduction of the cold metal whose

entrance removed the evidence of the maiden's most sacred charm—her virginity. But the whirligig of time has brought among its strange mutations a change in gynæco-pathological fashion, and the ulcerated os is now a relic. With this change the speculum or at least the bivalve, trivalve and the quadrivalve varieties of it, hangs comparatively mute upon the wall, and Ichabod is written on it. The human vagina is by no means no longer invaded by the gynæcologist but his implements of war now seldom comprise the speculum. The change is a salutary one, and it is an evidence of a more advanced pathology. The profession and gynæcologists, too, are coming to regard the uterus as but a "part of the stupendous whole," and to realize the fact that it has not an independent existence. The change is the dawn of a better day.—*The Medical Age.*

THE INFLUENCE OF HIGH ALTITUDES IN PHTHISIS PULMONALIS.—The influence of high altitudes in phthisis pulmonalis is a subject of great interest. The benefit derived depends to a great extent, not only upon the conditions of the atmosphere, but also of the soil, which should be a dry one. Francis J. Allen, of Edinburgh, says, in the *New England Medical Monthly*, that it has been proved that the damper the soil the more prevalent is the disease. The conditions of the atmosphere which he claims as essential are rarity, calmness and purity, with sun warmth. The rarified air stimulates the circulation, and sometimes its effects are felt at first on the brain and liver. The respirations are more frequent, but soon become slower and deeper, and the chest increases in size. It is also important that the air should be calm, as the winds are trying to the patients and they lose ground. The sun-warmth, greater than at low levels, produces a happy effect, causing better sleep, better

appetite, better spirits and great improvement generally. The greatest stress is laid upon the purity of the air, for careful experiments show the absence of all germs, and though they may exist in the lungs of the patient they are soon gotten rid of, and putrefactive changes in the secretions are arrested, and the fever accompanying their absorption soon passed off. The class of patients deriving the most benefit are those who can stand the changes of temperature and take sufficient exercise. If they suffer from cold hands and feet, and have blue lips, they should not remain. Persons with nervous diseases, disease of the heart or liver, or with rheumatism, are not benefited. If catarrhal symptoms exist to a great extent, while general improvement takes place, the cough persists, and such would do better in a warmer climate.—*Weekly Medical Review*.

INFLUENCE EXERTED BY VARIOUS AGENTS UPON DIGESTION.—From a series of experiments undertaken to determine the rapidity of the digestive process in the stomach under varying circumstances, Dr. Fleischer deduces the following conclusions: A pint of cold water, taken with the meal, exerts no influence upon digestion. A quart retards it somewhat, and the drinking of three pints causes a considerable retardation of the process. Walking for several hours at a tolerably rapid gait, lengthens the period of digestion. Hot poultices applied after eating materially hasten the process. Cold, in the form of ice-bags over the gastric region, produces no effect. Dilute hydrochloric acid and pepsine produced no effect upon digestion, either in healthy individuals, or in patients suffering from dilatation and catarrh of the stomach. These remedies in combination with hot poultices over the stomach accelerated the process of digestion.—*Allgem. Med. Central Zeitung*, No. 61, 1882.

MERCURIUS CORROSIVUS IN ULCERS OF THE MOUTH.—Dr. J. Harmar Smith reports a case of rapid cure of ulcerated mouth and pharynx by *Mercurius corrosivus*.

Surgeon-Major A., a retired army medical officer, residing in a rural part of the Isle of Thanet, middle-aged, of free habits, drinking and smoking a good deal, but says he never had syphilis.

I visited this gentleman first about a year ago. I found him suffering from extensive ulceration of the mouth and throat, with ptyalism. There were deeply excavated ulcers of the tonsils, of the mucous membrane lining the buccinators on both sides, of the sublingual mucous membrane, and of the lips.

I prescribed *Mercurius corrosivus*. I told him what I was giving. He promised to give the medicine a fair trial, and agreed that if it cured him he should certainly become a homœopathist.

The effect was remarkable—more rapid than I had anticipated. There was immediate relief of the more urgent symptoms, and when I called upon him in less than a week the ulcers were perfectly healed—there was no trace of them—and the ptyalism gone.

On October 23d last I visited this gentleman again, and found him suffering under precisely the same symptoms, but this time he was much more depressed than before. He had been taking Chlorate of Potash without the slightest benefit. I prescribed *Mer. cor.* as before.

On the 29th ult. I met him in the street, when he shook me heartily by the hand, telling me that I had cured him a second time. He was perfectly well.

I think this case worth recording, as illustrating the rapid action of a medicine well known to the old school, but used by them on a very very different principle.

I myself lately proved the virtue of *Mercurius*. I had several old stumps which had been very painful, with

ulceration of the gums, so as almost to prevent eating.

After taking a pilule of *Mercurius solubilis* (2) thrice daily for a few days, the ulcers were healed, and the trouble at an end.

HAMAMELIS.—The *Lancet* adduces *Hamamelis* as a specimen of "the growing care in investigating the action of drugs" to which is attributed the knowledge that "the most specific effects may be produced by drugs which a few years ago were not known to exist." To this Dr. Pope replies in the *Homœopathic World*:

"The only people who 'a few years ago' were so ignorant as not to know that *Hamamelis virginica* existed are those who in their simplicity rely upon the *Lancet* for their supplies of medical knowledge. Medical men who have been in the habit of practising the system which we are now told is exploded, have, for more than thirty years, been familiar with the medicinal uses of this drug. Prior to that time, it was in common use in the United States of America as a popular empirical remedy. In 1850, it was brought under the notice of the late Dr. Constantine Hering of Philadelphia, by Mr. Pond, who had made it the basis of a patent medicine, called by him, 'The Pain-killer.' By Dr. Hering, Dr. Preston, and Dr. Okie, of Rhode Island, its physiological action was studied—not on dogs, cats or frogs—but on human beings. Dr. Preston's experiments with it were published in the first volume of the 'Philadelphia Journal of Homœopathy,' in 1851. In Dr. Hale's work entitled, 'New Remedies in Homœopathic Practice' (1864), a tolerably full account of the sphere of action of this drug is given; and then we find in Dr. Sidney Ringer's 'Handbook of Therapeutics' (4th edition, 1874) a short account is given of the uses which may be made of the *Hamamelis*, and what is there stated is so stated on

the authority of Dr. Preston and Dr. Hale!"

It is, then, to homœopathy that the profession are indebted for what they know of *Hamamelis*. It would indeed be a matter for regret were a system, which had brought to the front so valuable a medicine as this, to have been "exploded." Happily, it is so only in the pages of the *Lancet*.

In Lyons, France, the cold bath method of treating typhoid fever has been adopted with marked success. In the civil hospitals the death rate was reduced from 26 to 9 per cent., and in private practice to 1 or 2 per cent.

RECURRENT VARIOLA.—During the recent epidemic, a man 89 years of age was admitted to the Wynberg Small-Pox Hospital, and it was the fifth occasion of his being attacked by variola.—*Port Elizabeth Telegraph*.

Excision of the knee-joint has been performed in Italy forty-six times. Thirty-nine of the cases were for disease, five for angular ankylosis, and one for traumatic lesion. Thirty-two of the patients recovered, nine of them died, and secondary amputations were performed on the other five.

The *Gardener's Chronicle* (London) tells of the effects of the so-called stinging tree. The sting of a single hair of it on the hand of a victim gave rise to severe pain over the whole of one side of the body, followed by numbness and partial paralysis. A sensation of losing the senses or "becoming insane" was experienced, and the severe symptoms lasted for two hours. The punctured spot remained painful for near a month.

THE
AMERICAN HOMŒOPATH.

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EDITORIAL.

*We judge ourselves by what we feel
capable of doing, while others judge us
by what we have done.*—LONGFELLOW.

The editor may be found at his office, 29 West 26th street, daily, from 9 to 12 a.m., and 5 to 7 p.m., where he will be pleased to see any member of the profession who may call.

* * *

All articles for publication, reports of hospitals, dispensaries, or societies, and books for review, should be sent to DR. WINTERBURN, 29 West 26th Street; advertisements and all matters pertaining to the publishing department should be addressed to A. L. Chatterton Publishing Company, box 3519, New York.

* * *

One of our contemporaries, in an article which we republish elsewhere, calls attention to the gradually declining use of the valvular vaginal speculum. Thoughtful physicians

have long looked upon that instrument of torture with abhorrence, and it is soon likely to be laid at rest with the host of pessaries and other appliances which have brought so much unnecessary suffering upon female patients.

* * *

The danger to life inflicted by a public funeral, in inclement weather, has drawn from the Rev. Dr. Potter the remark, that the mourners, and the crowd that go to the funeral and do not mourn at all, should be provided with water-proof shoes and coats, in order that one death might not be the occasion of half a dozen others. A more practicable solution to this question would be the separation of the public services at the house or church from the actual burial by an interval of a few hours. At this latter service only the immediate friends would be present. Thus due reverence might be shown the dead, without undue exposure of the living.

* * *

Dr. A. R. Leeds read a paper at the Academy of Sciences, on the evening of April 9, entitled "An Actinic Method for the Determination of Organic Matter in Potable Water." Dr. Leeds was called last January to examine the water in the Schuylkill River, which had become extremely offensive, and decided, after much experimentation that the most accurate test for detecting the nitrogenous organic matters was by the actinic method. He explained the actinic method to be one based upon the action of light upon the salts of silver, when in combination with organic impurities, either ani-

mal or vegetable. After a small quantity of the nitrate of silver has been added to any specimen of water not absolutely pure, discoloration of the water takes place in a day or two, and a precipitate of the salts of silver, combined with the organic matter, appears as a sediment. By delicate manipulation, the actual quantity of organic impurities is ascertained, but the comparative discoloration of two specimens, will give, roughly, the relative purity of any two waters under examination. The Croton water, by this test, was much lighter in color than that of the Passaic.

* * *

Attention has been attracted somewhat of late, both in England and this country, to the necessity for an immediate and radical reform in the sanitary and medical arrangements of the mercantile marine. This subject is especially of interest to Americans, inasmuch as we furnish the bulk of the cabin passengers on all transatlantic lines. It is also a matter of much importance that the hundreds of thousands of immigrants coming into this port should be landed in a satisfactory sanitary condition.

Among the million and a half passengers into New York during the past ten years there have been more than twenty-five hundred deaths. All the emigrants underwent three separate medical examinations before embarking, and were rated as perfectly healthy. When this is considered, it is apparent that the mortality has been unjustifiably high.

Now, while Government supervision is rigorous enough before sailing,

during transit the only sanitary authority is the captain, as the ship's surgeon has really no scope for independent judgment, and even if he had, would not dare to exercise it. The ventilation and all sanitary matters are left to the captain, and are necessarily under the circumstances, inefficiently looked after.

Additional legislation by Congress instituting a marine sanitary service would seem advisable, and on so important a subject a clear understanding ought to be had with the Governmental authorities on the other side. A movement in furtherance of such a reform might well commence in our medical societies.

* * *

A lamp which would be useful to doctors in examination of the throat, ear, etc., and which can be maintained at a trifling cost, has been devised by Dr. Regnard. The light is equal to about half that of the calcium light. The apparatus consists merely of a common Bunsen burner, terminated by a small cage of platinum wire, and the material for the light is a mixture of air and petroleum vapor. This mixture is supplied by passing an air current from a bellows through petroleum in a stoppered vessel, whence' charged with vapor, it passes by means of an India rubber tube to the lamp. The intense heat in burning of the mixture renders the platinum cage brightly incandescent. The light may all be sent in any one direction by using a bent nozzle of trumpet-shape, closed with platinum net, on the Bunsen burner. A large weighted bellows will knep one of the lamps going for several hours.

At a recent general conference of practitioners at Birmingham, England a movement was inaugurated which bids fair to largely increase the availability of pathological facts noted in the sick-room. This plan is called the collective investigation of disease, and it is hoped to bring together, in a systematized manner, all the facts, in regard to any one disease, observed by a large number of physicians. Cards of questions concerning particular diseases are issued to all physicians in the British empire, who will pledge themselves to the work; and already over one thousand have assented to the arrangement, fifty-four committees have been organized, and memoranda have been issued upon pneumonia, rheumatism, phthisis, and diphtheria; and other cards of inquiry will follow as soon as advisable. The immediate result of this comprehensive method will be to bring to light an enormous accumulation of pathological details, now hidden in private practice.

It is proposed not only to collect these scattered fragments of medical knowledge but to condense, analyze, and digest them, and thus form a basis from which to encourage a more rational study of pathology. The scope of this movement is broad and comprehensive, and it has the support of such men as Sir William Gull and Sir James Paget and others of equal eminence. Beside this it has behind it the whole power of the British Medical Association with its ten thousand members. So tremendous a force brought to bear on any object must exert an incalculable influence. As to the final outcome of this movement much depends upon the use

made of the knowledge thus accumulated. But it is not unlikely, that well officered as this plan is, that it may ultimately form the basis of a comprehensive science, the scope of which Hippocrates himself could not have foreseen, although the method underlying it is but an elaboration of his own.

* * *

A prominent English surgeon has published a monograph upon nervous shock and injuries to the spinal cord in their medico-legal aspects. A series of 234 cases is given, including the after history, extending in some instances to eight years. It would seem that no matter how ill the patient might have been after the collision and previous to the settlement of their claims, they recovered—sometimes with indecent haste—after the compensation money had been paid. “In hardly any of these cases,” says the *British Medical Journal*, “was there any injury to the spinal cord or its membranes. Bromide of potassium, which is indiscriminately prescribed on these occasions, has, by its depressing action on the nervous system, some effect in the protraction of all the symptoms. It is generally discontinued immediately after the check has been paid, to the evident benefit of the sufferer.”

* * *

The bill concocted by the Allopaths of Maine, for the protection of the public against the deleterious Homœopathist, received a just defeat in both House and Senate. We are informed by good authority that over one hundred old-school doctors visited the Capitol, in the interest of their bill.

On the other hand protests were sent signed by over two thousand persons. The people of Maine prefer to exercise their own judgment in the choice of a physician, rather than to give a school of medicine authority to choose for them.

* * *

An interesting account of psychical impression appeared in the *New York Tribune* of April 18. A young man was killed in a street brawl on the night of April 5. The previous night his mother dreamed that her son was beaten to death in a fight, and that she saw him lying on the table with his face crushed in. So strong was the impression on her mind, she applied to the Recorder for an order of arrest that he might be locked up until after the election, April 9. Of course the warrant was refused, and the son was killed that night. This application evidently saves the story from the *post hoc* imputation, as a description of Kimlin's actual injuries verified his mother's prior account.

* * *

The Kings County Medical Society (old school), which had previously voted in favor of the old code, prohibiting consultation with the physicians other than of that school, at a stated meeting, April 17, instructed the council of the Society to correspond with the State Society, in order that the by-laws might be made to correspond with the requirements of the new code. This motion was adopted by a large majority, nearly one hundred members being present.

But the other side was heard from

two days later, and in New York. The graphic description, by Mr. Bret Harte, of the final meeting of the Society of the Stanislaus, might well duplicate, in spirit at least, that of the meeting of the New York Academy of Medicine, on the evening of April 19. This august assembly voted that no person who advocated the new code should be eligible for fellowship. Instantly the president (Fordyce Barker) and Drs. Agnew, Roosa, and other eminent men resigned their membership, and the meeting broke up in great "confusion." *Ab uno disce omnes.*

This action was merely a trick on the part of the Conservatives, who admit they packed the meeting. The object was to put the Academy on record, and having done this unfairly, the men in the scheme adjourned till October to prevent the Liberals from reversing the action. Dr. Jacobi characterizes their action as "brutal and disgraceful." Dishonorable undoubtedly it was, as there had been an understanding between the leaders of both parties, that the contest should be fought out in the County Society, and should not be obtruded on the Academy.

* * *

A School of Pharmacy for women, the first of the kind, has been organized in Louisville, Ky., under conditions which are considered favorable for its success. The projected course is thorough and covers a period of two years. Woman is peculiarly qualified naturally for the manipulations of the apothecary shop, and the work ought to be attractive to her.

THE COMMENCEMENT SEASON.

The twentieth annual commencement of the NEW YORK MEDICAL COLLEGE AND HOSPITAL FOR WOMEN was held on the evening of April 3d, at Association Hall. The following eight ladies received the degree of M. D.: Mrs. Adelia D. Barker, Miss Lottie A. Cort, Miss Henrietta E. Keatinge, Miss Euphemia J. Meyers, Miss Maria M. Robinson, Mrs. Cornelia S. Simpson, Miss Mary A. Willard, Miss Gertrude L. Zabriskie.

The Lozier gold medal was awarded to Miss Gertrude L. Zabriskie. Miss Euphemia J. Meyers received the Mott prize—a complete chemical apparatus for a physician's office. The Hippocratic oath was administered by Dr. Edward Carleton. Mr. Stephen Cutter, President of the Board of Trustees, conferred the degrees. The valedictory address was given by Miss Lottie A. Cort, on behalf of the class, and by Dr. Jennie de la M. Lozier on behalf of the Faculty.

Rev. R. Heber Newton, in his address to the graduates, said that all Episcopal parsons did not agree with the distinguished Dr. Dix regarding the education of women. Nature, not man, is the true orderer of everything, and if she is fitted by nature to accomplish any work, sooner or later she will drift into it. If woman is last in the race, it is for no other reason than that she started last. One of the greatest needs in every profession is the breaking down of lines. The time is coming when the physician shall be known by deeds alone.

There have been 171 graduates since the College has been established, eleven of whom have died. Some are using their medical knowledge in promoting the welfare of their families; others are actively engaged in hospital or private practice in different parts of the country. One is Professor in the Medical College of the University of Boston. Two have established a Medical College in San Francisco, which is a regularly char-

tered State institution; while a number are engaged as Professors in the institution from which they received their degree.

The College has never been in a more prosperous condition. Immediately after the close of the commencement exercises the Alumni Association held its annual reception in the parlors adjoining the hall. The usual collation was served, and Grafula's band furnished the music. The sentiments appropriate to the occasion were given and responded to with a hearty good will, and the Class of '83 were warmly and cordially welcomed to the ranks of the medical profession by the Alumnæ and friends of the College.

The thirty-first annual commencement and reception of the NEW YORK OPHTHALMIC HOSPITAL AND COLLEGE. Twenty-third street and Third avenue, was held April 12. There was a very large attendance, and on the platform were T. C. Smith, G. W. Clarke, R. P. Flower, H. G. Clarke, Dr. C. T. Liebold, Dr. T. F. Allen, and Dr. G. S. Norton. The following were the graduates:—W. N. Bell, Ogdensburg, N. Y.; C. G. Davis, this city; T. C. Williams, this city; A. Campbell, Cincinnati, Ohio, and C. S. Elebash, this city.

After an opening prayer by the Rev. G. C. Esray, the President made the first address. He spoke feelingly of the late Peter Cooper, who was for two years the president, four years the vice-president, and eighteen years a director of the hospital. The last annual report, he said, showed that there had been treated nearly nine thousand last year, making an increase of 1,450 over the previous year. That increase was about equal to the entire number treated in 1870. The average daily attendance last year was 160. One day there were 254 patients prescribed for. That spoke well for the hospital and the popular confidence in it. The surgeons were already saying that the time would arrive, and before they were prepared

for it, when the premises that had just been enlarged, would become once more too restricted. Their enlargement had led them into some financial embarrassment. Patients were cared for at less cost per capita than in any other institution of the kind. Within the past year they had added several private rooms for the especial accommodation of persons of means, living at a distance, who needed the constant supervision of a skillful resident surgeon. The destitute were welcome, irrespective of creed or color.

Dr. Allen said that all physicians attended the college without any hope of immediate reward. There they learned special forms of disease which would help them in their general practice. He spoke strongly in favor of a special hospital for the treatment of diseases of the ear and eye. Ordinary physicians were liable to mistake grave diseases of the eye for simple ones and with deplorable results.

After the awarding of the diplomas by the President, the Rev. Dr. W. Lloyd made a very interesting and appropriate address. Thousands today, he said, blessed the munificence that had raised such an institution.

HOMŒOPATHIC MEDICAL SOCIETY OF NEW YORK COUNTY.

The Society held a stated meeting on Wednesday, April 11th, at eight o'clock; President Doughty in the chair. The minutes of the March meeting were read and approved. Dr. Eif was nominated and elected to membership.

Dr. McMurray asked if the censors should examine the credentials of persons nominated for membership. Dr. Doughty replied that it was not necessary; that it was sufficient if the officers saw the diploma.

Dr. Cowl nominated as corresponding member Dr. Sprague, of Elizabeth, N. J. Dr. Lilienthal enquired if the nominee had done anything de-

serving special honor, as he did not believe in electing persons to such a position unless they had proved themselves entitled to distinguished honor.

Dr. W. M. Pratt, as chairman of the Bureau of Clinical Medicine and Psychology, read a very interesting paper on "Mental pathological conditions, considered in relation to the necessity for a thorough knowledge thereof."

Dr. Moffat reported a number of clinical observations on convallaria and amyl nitrite. He spoke specially of the value of the latter as an antidote to ergot in hour-glass contractions of the uterus.

Dr. Lilienthal read a paper on "Nervous diseases and their diagnosis;" and Dr. McMurray one on "The Human Face, and what the physician sees in it."

Dr. J. M. Schley reported the history of a case of ascites chylosis, with the results of the necropsy; and also showed a specimen of fibroid growth in the lung.

A committee consisting of Drs. Cowl, Dillow and Moffat, was appointed to examine microscopically all specimens shown to the Society, and to report at a subsequent meeting.

On motion the Society adjourned.

LITERATURE.

The relation of the use of intoxicants and narcotics to the intellectual life has caused much discussion. The current opinion has been that their moderate use during the strain of mental occupation rather encouraged thought and stimulated invention; and that, at least in imaginative and narrative composition, the mental processes were quickened and the resultant product of enhanced brilliancy and importance. Quite opposite opinions, however, have been most strenuously promulgated, and the question of the real influence of stimulants and narcotics remains undecided. As a contribution to-

paroxysms, to remove the pathological towards the solution of the thesis, Would a man who is about to enter upon the consideration of problems, the correct solution of which will demand all the strength and agility of his mind, be helped or hindered by their use¹. Mr. Arthur Reade has edited the opinion of some one hundred and forty scientists, essayists, inventors, statesmen, and novelists, to whom he had addressed letters of inquiry. The question is a purely practical one, and the answers are so nearly unanimous as to be conclusive. From these it may fairly be deduced that :

1. Alcohol and tobacco are of no value to a *healthy* student.
2. That the most vigorous thinkers and hardest workers abstain from both.
3. That those who have tried both moderation and total abstinence find the latter the more healthful practice.
4. That nearly all brain-workers would be the better for abstinence.
5. That all work done under the stimulus of alcohol is unhealthy work.

Everything which tends to make the study of the *materia medica* interesting is a valuable addition to medical literature. Dr. Hoyne's work² has now been before the profession for two years, but we are glad of the opportunity to commend it even at this late day to those who have not already become familiar with it. The chief excellence of the work is the copious and varied clinical cases with which it is so abundantly illustrated. The characteristic symptoms and treatment of over 2,700 cases are given, briefly to be sure, but still with explicit clearness. The author has thus garnered into a permanent and accessible form the

best fruits of our periodical literature for the past forty years, and saved from oblivion much of the practical experience of our best men.

There are a large number of Homœopathic physicians who dread cases of malarial fever because they do not know how to cure them. As a rule such doctors after vainly trying, in a helpless way, this or that remedy, fall back upon quinine, which they give in unstinted and unpardonable doses. We heard such an one, not more than a month or two ago, and he is a professor in a Homœopathic college too, say defiantly that he did not believe intermittent fever could be or ever was cured by attenuations. To him and to all others of like unfaith we commend the little repertory compiled by Dr. Allen of Flushing.

They will there perhaps be made to feel that their failure to cure these cases had somewhat of a personal origin, and that accurate analysis and painstaking attention to detail are amply repaid here as elsewhere. We are sorry to say that many doctors have not the patience, we had almost said the ability, for such careful accuracy.

We quite agree with Dr. Allen that proper potency is a factor in the perfect cure of these intricate cases as well as the selection of the proper remedy, and that in most cases the higher potencies show the best results. That has been our experience.

Dr. Allen says : "The treatment of intermittent fever is a subject in which I have long been interested and to which I have given much attention, and for two reasons : Because I have had many cases under my professional care during the past thirteen years ; and since it has so often been asserted by physicians and laymen that homœopathic treatment is totally unable to suppress the paroxysms to remove the pathologi-

¹ *Study and Stimulants ; as Illustrated by personal Communications on the subject, from Men of Letters and of Science.* Edited by A. Arthur Reade, 12 mo., pp. 206 (Philadelphia : J. B. Lippincott and Co.)

² *Clinical Therapeutics.* By Temple S. Hoyne, A. M., M. D. 2 vols., 8vo. pp. 1205. (Chicago: Duncan Bros.)

³ "Repertory to the Symptoms of Intermittent Fever." By William A. Allen, M.D. 12 mo., pp. 107. (Philadelphia: F. E. Boericke.)

cal conditions and symptoms incident to them—to cure. It may be asserted with absolute certainty, that these things can be done without any exception, and that to succeed, it is only necessary to administer a remedy of proper potency selected in accordance with the law of similia, having in its choice a regard for the totality of symptoms.”

Dr. Edes, of Boston, has made a very careful and concise digest of the United States Pharmacopœia,⁴ which William Wood & Co. of this city have published. It contains in a very condensed but perfectly intelligible form a statement of the so-called physiological and toxic action, the medicinal value, the methods of administration, and the doses of the drugs and various preparations contained in the latest edition of the United States Pharmacopœia, to which is added a slight account of a number of unofficinal preparations, mainly vegetable in origin. The doses are stated both in apothecaries' weight and the metric system. The typographic arrangement of the book is excellent, and its usefulness is augmented by three indices, which give ready reference to any desired information contained in the body of the work.

Speaking of the *motif* of this handbook the author says: “In this little work I have endeavored to supply briefly and concisely the information necessary to make it a convenient book for the practitioner, though not with the hope of rivalling the encyclopædic United States and American dispensaries, to which, as well as to the works of Husemann, Rabuteau, Bartholow, and H. C. Wood, he here acknowledges his special obligation. It cannot, of course, be expected in a work of this size that all the subjects will be exhaustively treated, and, in fact, the practitioner will find

it useful as much in the way of a remembrancer as an authority. It will be noticed, perhaps unfavorably, that the author has endeavored to suggest, so far as possible, principles of treatment rather than to mention the name of each disease in which each drug has been or may be used. This, if it be an error, is one of judgment rather than of inattention.” Dr. Edes believes that fashion plays no inconsiderable part in determining the choice and continued use of remedies. The mental peculiarities, as regards the desire for novelty or the dislike of change, and the accidental experience of each man will determine his choice of drugs, and this will surely differ widely from that of a man educated in a different school or at a different time.

It is a matter of congratulation that the number of monographs on special subjects, with Homœopathic therapeutics, is on the increase. Of good work of this sort we can never have too much. Dr. Vilas has given us⁵ the results of his long and varied experience in the treatment of the diseases of the eye and ear, in a handy little volume which we hope may find its way into the library of each of our readers. The repertory of eye symptoms, which occupies the last ninety pages of the book, seems very carefully compiled, and will prove serviceable to the general practitioner.

Dr. Vilas differs from some members of our school in advocating local treatment. He says: “The question of the curability of diseases by internal remedies alone has not been touched upon by the author, because he is of the opinion that those who depend on internal medication alone will never cure all cases which might be cured were they treated with all the means at our command. While isolated cases of reported cures by methods not of a safe nature, or general application,

⁴ “Therapeutic Handbook of the United States Pharmacopœia. By Robert T Edes, A. B., M. D. 8vo. pp. 397. (New York: William Wood & Co.)

⁵ *Therapeutics of the Eye and Ear.* By C. H. Vilas, M. A., M. D. 12 mo., pp. 233. (Chicago: W. A. Chatterton.)

may interest our attention, test our credulity or excite our admiration, they should not induce the hasty displacement of those means of time-tried value; neither should those of acknowledged world-wide applicability be smothered with ill-considered adulation of the as yet partially proven, or less valuable remedies."

The careful study of ophthalmic and otic complaints is opening a wider view of diseases of other organs. The connection between these and abnormal conditions of the brain, kidneys and uterus is now quite generally acknowledged, and this knowledge is frequently used as a means of diagnosis. Without doubt as our knowledge of pathology widens even greater applicability of these facts will be observed. Dr. Vilas is doing good work in this field, and we congratulate him upon his success.

The teaching of practical chemistry in medical colleges is of recent date. It is not many years since the knowledge of laboratory practice, now deemed essential to every graduate in medicine, would have been sufficient to give one quite a standing in the profession as a chemist; slight as the present requirements are. The text-books, therefore, in this department, are not numerous. Among the best that we have seen is the manual of C. Gilbert Wheeler.⁶ The work is divided into three portions, the first of which is devoted to organic compounds, *i. e.*, the alcohols, ethers, acids, alkaloids, and hydrocarbons. This is followed by a brief narrative of vegetable chemistry. The last portion of the work is a really valuable analysis of animal chemistry, including the sources of muscular power, the chemical pathology of the blood, the chemistry of

abnormal and normal urine, and of urinary sediments and calculi. We have found much pleasure in perusing this portion of the work, and cordially commend it to the profession as a handy reference book.

We are glad to receive the seventh edition of Dr. Hering's masterly work on domestic medicine,⁷ which Mr. Boericke has just issued in fine style, as it shows the general and continued appreciation of the book. The text of the present edition has been carefully revised by Dr. Claude R. Norton (a former assistant of Dr. Hering), from the fourteenth German edition, which had in its turn been previously subjected to a thorough page-by-page revision by its lamented author just previous to his death. Thus the book is the garnered sheaf of ripened experience of its gifted author. Nothing need be said of the value of all that Dr. Hering wrote. His authority is gladly acknowledged everywhere that Homœopathy is known, and he had always that tact for teaching which makes the simplest things interesting and instructive.

The recent issues of Funk & Wagnalls' Standard Library are, a fascinating portrayal of sea life, entitled "Flotsam and Jetsam;"⁸ a guide to the selection of reading matter, under the title of the "Highways of Literature;"⁹ and a charming description of the commoner objects in nature, curiously called "Colin Clout's Calendar."¹⁰

⁷ *The Homœopathic Domestic Physician.*

By Constantine Hering, M. D. Seventh American Edition. 8 vo., pp. 453. (Philadelphia: F. E. Boericke.)

⁸ *Flotsam and Jetsam.* A yachtsman's experiences at sea and ashore. By Thomas Gibson Bowles. 12 mo., pp. 265. (New York: Funk & Wagnalls.)

⁹ *The Highways of Literature.* What to read and how to read. By David Pryde, L. L. D. 12 mo., pp. 163. (New York: Funk & Wagnalls.)

¹⁰ *Colin Clout's Calendar.* By Grant Allen. 12 mo., pp. 240. (N. Y.: Funk & Wagnalls.)

⁶ *Medical Chemistry.* Including the outlines of Organic and Physiological Chemistry. By C. Gilbert Wheeler, 2d edition. 12 mo., pp. 424. (Chicago: S. J. Wheeler.)

THE AMERICAN HOMŒOPATH.

NEW YORK, JUNE, 1883.

INFANTILE LEUCORRHOEA.

BY

STEPHEN P. BURDICK, M.D.,

New York.

The persistent nature of leucorrhœa as occurring in infants and very young girls has often occasioned remark. The following case is typical of the trouble often found in curing them.

Miss K. W., aged seven years, the daughter and granddaughter of a physician, has suffered from leucorrhœa from about her tenth month. There was no known cause, as the mother is an exceptionally healthy woman, never having had leucorrhœa, at any time in her life. The father also enjoyed very good health, at and for many years previous to the birth of this child.

This little girl was treated by both her grandfather and father for years, with only temporary results; and the flow was more profuse and of a darker color at the time I assumed charge, than it had been at any time previous. The principal remedies which had been used were sulphur, sepia, calcarea carb., lycopodium, natrum mur., graphitis, and silica.

These remedies had been given in varying potencies, at long intervals, and I therefore concluded that mere routine prescription would necessarily fail. Beside the facts stated, there were no guiding symptoms.

I now gave diamond 6, three grains every three hours, in a few days the discharge diminished and in a week ceased entirely. This was followed by diamond 15, one powder night and morning, for two weeks. Six or seven months have past and there has been no return of the disorder, although it had previously persisted for more than six years.

In a subsequent number I will endeavor to give some of the more characteristic indications for this remedy.

RHEUMATIC ENDO-AND PERICARDITIS.

BY

JOHN C. MORGAN, M.D.

Philadelphia.

Maud G., aged 12 years; delicate organization; took rheumatism (articular) by exposure during January, 1882. Was attended by a prominent allopath for two weeks. The joint affection became better, but was still severe, and besides, cardiac inflammation set in, and the symptoms became extreme. The family being homœopaths, I was called on the evening of February 1st, when I found the following: Lies with head and shoulders high; moderate general cyanosis; great dyspnœa; distress in the cardiac region; hot, feverish skin; rapid, tense, wiry pulse; anxiety and restlessness; thirst; intolerance of auscultation and percussion; nevertheless, I found extensive dulness of præcordia, and "distant" sound of the valves, as she lay on her back. Prescribed Aconite 3 (pellets), dissolved in water, teaspoonful every hour.

February 2.—Easier; continued Acon. at longer intervals.

February 3.—Is worse; and auscultation fails to reveal any distinct valvular sound whatever—nothing but a confused, rhythmic, extremely rapid, rushing murmur. Great dyspnœa; forced respiration; wings of the nose flapping; intolerance of the approach of the doctor; cannot lie on the left side; (the time of this exacerbation was *probably* the afternoon, but I have forgotten.) Give Lycopod. 200 in water, every 2 hours.

February 4.—Greatly relieved; valves heard distinctly, and *without blowing*. Continued Lyc. every 3 hours.

February 5.—Improving in every way. Lyc, every 4 hours.

February 6.—Seems marvellously exempt from all her bad symptoms; the joints nearly well. Gave Sac. Lac.

February 7 to 11.—gaining strength,

appetite and cheerfulness; under Sac. Lac.; *no lesions*.

February 16.—Has a somewhat troublesome cough; coughs *during sleep*. Gave Iachesis, 200 dry, four doses in 24 hours; which relieved it.

February 17.—No medicine. Convalescent in good earnest.

March 21.—Does not seem to progress. Gave Sulphur, cm. one dose. Improvement renewed. Patient going about the rooms, but forbidden any further liberty, until warmer weather.

June 28.—Has been going out. Has become "a little bit babyish; cries about every trifle." Gave Pulsatilla, 200, three times a day, with entire relief. Discharged—and remained well.

CLINICAL EXPERIENCES.

BY

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PUERPERAL CONVULSIONS.

In a practice of nearly twenty years I have met with only four cases of eclampsia. The following is a brief history of two of them:

CASE I.—Dr. R. requested my assistance in the case of the first confinement of his wife. On my arrival at the house found the patient in a very comfortable condition, having light pains at comparatively long intervals. I suggested the application of hot flannels to the abdomen in order to bring on contractions. The pains soon came on with more regularity and force, and at four o'clock A. M. the patient was delivered of a fœtus weighing eight pounds. While the patient was being cared for, the doctor and myself sat down to the table to refresh the "inner man," a strange and unmistakable sound came from the room, admonishing us that convulsions had commenced. The first continued about one minute. After a short interval another followed and was rapidly succeeded by many others. Being obliged to

return home, I suggested the use of chloroform.

I heard nothing more from this case until I saw the doctor two weeks after, who informed me that chloroform was the principal remedy made use of. After having *thirty-five* spasms the patient fully recovered.

CASE II.—This case was similar in many respects to the first, the convulsions setting in about an hour after confinement. The husband said his wife had not been well for eight weeks, suffering at times severe headache, limbs bloated, urine suppressed; evidently a case of albuminuria.

Recommended Mustard to the nape of the neck, and Gelsemium (tincture) ten drops in half-tumbler of water, two teaspoonfuls to be taken every fifteen minutes. Soon another convulsion came on, after which the patient became unconscious; the medicine then could not be given by the mouth, and Chloroform was then administered. The assistance of an old school physician was solicited, but he refused, saying the laws of his society would not permit his attendance with a homœopathist. Another was called who recommended blood-letting and the continued use of Chloroform. Blood was freely taken from the arm twice during the night. After the *twentieth* convulsion, the patient made a good recovery.

HÆMOPTYSIS.

Mr. A. B., aged thirty years, a mechanic, had been complaining for several months, of a severe pain, at times, about the middle of the right lung. There was cough without expectoration. The patient was taken suddenly ill in the night, with hæmorrhage. The nearest physician (old-school) was called, who prescribed turpentine by the teaspoonful, and veratrum viride in large doses. The day following I was sent for. The patient had continued to bleed notwithstanding the large doses of medicine.

I found the patient with a high

fever, pulse full, face flushed, thirst, skin dry, etc. Prescribed Aconite (tincture), six drops in half a tumbler of water in alternation with *Erigeron canadense*, same quantity, every thirty minutes. The hæmorrhage gradually diminished, and after a few days' treatment with Aconite, Belladonna and Bryonia, he made a good recovery.

I have had excellent success in almost all kinds of hæmorrhages with Aconite and *Erigeron* administered as above described.

SCARLATINA.

February 16.—Frederick V., aged 11 years; feverish, pain in his limbs, sore throat, tonsils swollen, having the appearance of quinsy, tongue coated, urine scanty, depositing a brownish sediment. Prescribed Aconite and Belladonna in alternation.

February 17 and 18.—No special change from previous condition, temperature 99.5, bowels constipated, complained of pain in right lumbar region. Absence of both rash and canker. Continued the use of the same remedies, with *Apis* in addition.

February 19.—Patient in every way improved. Continued the same remedies, with advice as to diet, etc.

February 24.—Summoned in the night. Found the patient very much worse. Had been out of doors and had evidently taken cold. Had a high fever, chills, vomiting, urine suppressed, pale countenance, with œdema about the eyes, pulse 85, slow and irregular, severe pain in the right lumbar region, with tenderness on pressure, intense headache, urine heavily loaded with albumen, absence of thirst, tonsils diminished in size. Prescribed Aconite, Belladonna and *Apis*. After one week patient much improved; I then changed *Apis* for *Digitalis*.

The above is a sample of many cases during the spring. There was neither rash nor canker, but in all the tonsils were very much swollen and the urine albuminous. When the pulse was slow and irregular, *Digitalis* was the remedy.

MENTAL PATHOLOGY.

BY

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New York.

It is an undeniable fact, that, there is a lamentable want of knowledge of mental pathological conditions. It has hitherto been the universal belief, that it would be useless to pursue investigation in this direction inasmuch as "our ignorance of *healthy* psychological conditions is so profound, it is quite impracticable for the psychological inquirer to arrive at any accurate knowledge of mind when disturbed by disease."

One writer declares "that man is to himself the mightiest prodigy in nature, for he is unable to conceive what is *body*; Still less, what is mind; but least of all is he able to conceive how a body can be united to a mind," and still another investigator despairingly exclaims that: "A contented ignorance is wiser than a presumptuous knowledge."

Yet, notwithstanding the weight to which the opinions of those quoted are entitled—when we take into consideration the vast and grave interests to the well-being of society that an ignorance of the subject involves—we should be inspired not to intermit our efforts to explore the difficult field, in the hope, that while seeking for brilliant impossibilities, we may discover useful realities.

It is proposed in this paper to give a résumé of the progress that has been already made in knowledge of this subject—and see whether it is, as Sir W. Hamilton denominates it—"presumptuous," and if so, whether we are satisfied to live in a "contented ignorance."

Mind, is viewed as being a compound force evolved from the brain—a force that like electricity or gravitation, cannot be observed as a palpable object and is appreciable only in the changes of matter, which are the conditions of its manifestation, hence the chemist reasons, that because he finds, by the analysis of the so-called

extractive of nerves after prolonged mental exercise, products very similar to those he finds after severe muscular activity, that each display of mental power, each phenomenon of mind, is the result and manifest energy of some change—molecular, chemical or vital—in the nerve elements of the brain.

Therefore, let it be distinctly laid down—as the fundamental principle upon which the fabric of mental science *must* rest, “that all mental action is entirely dependent upon nerve structure.”

As we can have no conception of electricity apart from the changes in matter—by which alone we know it. So we can have no idea of mind apart from the consideration of the matter through the changes of which it is manifested.

The brain, as every physiologist knows, has a life of relation with external nature through the senses, and a relation with the other organs of the body through the complicated and wonderful system of nerves extending through the entire body.

It has also a life of nutrition—the true organic life—whereby there is a nutritive assimilation of suitable material from the blood by the nerve-cell, and a restoration of the statical equilibrium after each display of nerve energy; and, as mental action depends upon nerve structure, and as the condition of the nerve structure depends upon the suitable and proper nutrition of the brain, therefore, the mental phenomena which we call mind depend in their manifestations upon the kind and state of cerebral nutrition.

Mental phenomena are also influenced, though in a far less marked degree by the relation the brain has with external nature through the senses, and through the nerves with the other organs of the body.

Mind is composed of certain elementary faculties, which may be reasonably regarded as four in number, viz.: Perception, ideation, emotion, and volition, and all other facul-

ties, as memory, imagination and the passions, are but sub-faculties, emanating from the combined action of two or more of the primary or elementary faculties.

In all manifestations of mental phenomena, whether physiological or pathological, the elementary faculties act in the order named.

For example, I perceive an individual approaching. I have an idea that I have seen him sometime before the two faculties, perception and education combine and form memory, which tells me he is an old friend—emotion—a desire to greet him—excites volition, which impels me to approach and greet him, and I do so, in this order, and in like-manner are all our acts produced.

Now how are we to know whether our acts are the result of physiological conditions?

It is when the faculties act in a manner common to mankind in general, without deviation from the condition which it is agreed by the common consent to regard as normal.

From the facts that the condition of the brain depends upon its nutrition, together with that other fact that it is largely influenced by the condition of other organs through the wonderfully complicated system of nerves, It must be readily and clearly understood that the mind instead of being a real entity is the most dependent of all the natural forces, and therefore, liable from a multiplicity causes to manifest pathological phenomena.

It is a great fundamental principle of nature, that every effect must have a cause—every function must have an organ by or through which it is manifested, and that the character or nature of such effect depends upon the condition of such organ.

With this statement, we are prepared to proceed to the consideration of pathological mental conditions.

Assuming that the definition of healthy mental conditions as given above is the correct one, it would ap-

pear that Maudsley has given us an absolute criterion, whereby pathological mental conditions can be determined: "That degree of deviation from healthy mental life, which it is agreed by the common consent of mankind to regard as morbid."

While accepting this as the correct definition in general terms, each individual case must be judged upon its merits, consideration being had for age, condition in life, education and idiosyncrasies.

Although illusions and hallucinations may be present to the mind of a person, yet if he does not believe them to be realities, the intellect is not involved; but as soon as he accepts his false perceptions as facts, his intellect participates, and he is the victim of a false belief—and is intellectually insane. Delusions may develop themselves suddenly, and lead to the commission of some awful deed, without any apparent cause being noticed at the time, or they may be the result of some cerebral disorder of which there may have been cognizance for a long time, without having excited any fears regarding such a final result.

There may exist a motive for concealing the delusion, but sooner or later some act will be observed which will excite suspicions that there is mental unsoundness.

There are those who regard delusion as the true criterion of mental unsoundness. But that position is untenable, for the intellect may be in such a condition from want of education—or from a defective or false education, as not to be able to properly weigh evidence.

To be a criterion, it must be in regard to a matter of fact, and not in accordance with the usual mental bias or mode of thought of the individual. Robert G. Ingersoll does not believe Henry Ward Beecher is insane—as regards theology—although from his (Ingersoll's) standpoint he regards him as the subject of a delusion.

It must be a matter of fact—of

positive knowledge—not of faith, and not governed by the customary rules of evidence.

Again we can have insanity without delusion—as is the case when the emotions gain such a prominence as to get the mastery over the intellect and will—constituting what is denominated emotional insanity—a condition of uncontrolled or imperfectly controlled predominance of one or more of the emotions. There need not be necessarily either delusion or error of judgment, but there is want of will-power over the actions. Self-control is in abeyance.

According to English law the criterion of mental soundness consists only in an ability to distinguish between right and wrong.

Now if that be true how are we to regard those unfortunate beings who are in such a mental condition as leads them to appeal to the members of their family not to intermit a watchful control over them, as they often feel an irresistible impulse to commit crime—as a mother to kill her child. Such are examples of temporary emotional insanity.

Again we have a condition, where there is an inability to exert the will-powers either affirmatively or negatively—either because the will is dominated by the emotions or from a disordered state of the brain, in other words, Volitional insanity.

It is a form, the understanding of which is more perplexing than all other forms.

Although the will is regarded as one of the elemental faculties of the mind—it is not an innate, constant faculty, and has no existence apart from the concrete acts. *Locke* demonstrated that there are no innate ideas in the mind—but rather, the result of observation and reflection—that in fact there is no inborn will in the mind. The infant has no will; the imbecile who is such from lack of brain development has no will—and if there is no capacity for mental development never will have—it appears then that the will is the result

of mental development. Although usually regarded as the great moving power of all human action—it cannot carry out its mandates, unless the conditions necessary are there. It has no power over involuntary movements, or the motions incident to the functions of animal life—neither over confessedly voluntary movements till they are acquired by practice. An individual may have the musical talent of a Rubenstein or of an Ole Bull, yet he cannot carry out his will to perform their musical productions on the piano or violin till he has acquired the movements necessary by diligent practice. The will may command a palsied limb to do a certain thing, but it is not obeyed. The conditions necessary for carrying out its mandates are not there.

Neither does the will determine either the material of thought or the laws of the interworking of ideas, because the function of, and association between ideas are effected through experience: it has no control over the means by which it works.

In order to the free action of the will there must be complete deliberation, and a strong individuality to decide between conflicting ideas and desires.

By this individuality, is meant an abstraction, in which is contained the residue of all the former feelings, thoughts and volitions.

In concluding this division of the subject, it cannot be too strongly impressed upon the attention—that the uninterrupted, unimpeded association of ideas necessary for the free action of the will, depends upon the condition of the nervous element, for the slightest disorders of that element are quickly manifested in deterioration of the will.

(To be Continued.)

THE SANGUINARIA HEADACHE.

BY

GEORGE W. WINTERBURN, PH.D., M.D.
New York.

Sanguinaria is a notable remedy in headache. The cephalalgia in which

Sanguinaria is curative is peculiar and easily remembered. The pain commences in the back part of the head, and rising upwards spreads over the head and finally settles in the brow above the right eye. There is great intolerance to light and noise. The patient is obliged to remain in a dark room and to lie perfectly still. There is nausea and vomiting accompanied sometimes with chilliness. If there are flashes of heat through the body, or if the palms of the hands and the soles of the feet burn, or if the urine is scanty and dark at first, becomes later profuse and clear, Sanguinaria is the more specifically indicated.

This headache differs from that calling for *Rhus radicans*, that while both begin in the occiput and spread over the head, the *Rhus* headache stiffens the muscles of the nape of the neck, is better while moving about, and is caused by exposure to damp and cold; this does not effect the neck, is better when the patient keeps quiet, and is brought on by gastric disturbance. The *Iris* hemicrania, which is also mainly on the right side and of gastric origin, is accompanied with blurring of the eyes, is worse when at rest, and recurs periodically, often on the same day of the week. In Sanguinaria the vomited matters are bitter, but in *iris* they are intensely sour. The *Cereus* hemicrania is also right-sided, compels the patient to avoid all noise, light or exertion, but it is rarely connected with any gastric disturbance, it is usually caused by mental excitement or worry, and is often associated with cardiac complications. Right-sidedness also characterizes the *Pulsatilla* cephalalgia, but this usually begins in the afternoon and is always worse during the night, whereas the Sanguinaria headache begins in the morning, increases through the day and is better at night. The *pulsatilla* pain is relieved in the open air, and generally arises from uterine disturbance.

The *Chelidonium* and Sanguinaria hemicranie are very similar. Both extend from the occiput to the fore-

head over the right eye; both are aggravated by moving about; both are periodical; and both cause great irritability. In *Chelidonium* the patient is better from eating, in *Sanguinaria* worse; in *Chelidonium* the patient is low-spirited, in *Sanguinaria* cross; in *Chelidonium* the food taste natural, in *Sanguinaria* bitter; in both there is a disrelish for nitrogenous food, but the *Chelidonium* patient longs for acids.

Sanguinaria is of value in the neuralgæ of the trigemini when the pain is shooting and burning in character, and pressure over the pain gives relief. It is of value in various myalgic pains when accompanied by distension of the temporal veins, and Dr. Hale suggests it as a remedy in sanguineous apoplexia.

THE VALUE OF SYMPTOMS IN PRESCRIBING.

BY

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Albany, N. Y.

The careful therapist is fired with a blinding zeal by the striking success which he obtains from prescribing remedies whose pathogenesis corresponds to the totality of symptoms present.

So great is the success from thus prescribing that some of the more enthusiastic symptomatologists would have us wholly guided by the symptoms in making all prescriptions.

But it is only after we have made a correct diagnosis and know the pathology that we can select the proper *class* of remedies. The symptoms peculiar to each case will enable us to select from this class the remedy potent to cure.

In diseases of the nervous system do we especially find symptoms which mislead us. It is here we find rebellious nerves; pains of all kinds quite remote from the existing trouble.

A seemingly sound tooth, yet carious, may give a facial neuralgia.

Severe vomitings, coughs, head-

aches and back-aches often have their cause in a morbid condition of the os uteri.

Neurasthema with all the pains which the sufferer endures in every part of the body may have its cause in an irritable condition of the prostatic urethra.

Convulsions and epilepsy may be caused by a contracted fore-skin.

The fruitless attempts to cure disease when the remedy is given to correspond to the symptoms alone, regardless of the physiological and pathological condition is clearly shown in the following cases; they proved of unusual interest to me and taxed my patience and prescribing skill to the utmost; I give them in detail:

In June, 1881, a bank clerk, aged 28, came to me complaining of pains and soreness of the chest, sensation of great weakness and inability to endure physical exercise. He was despondent and fully believed he would soon die of the consumption. Examination showed nothing except a slight naso-pharyngeal catarrh, but he presented an interesting array of nervous symptoms. As soon as he began work at his desk in the morning, a wild, restless feeling came over him. He described it, "A feeling as if I could not keep myself down." It would occasionally come on with a nervous aura, and then he would greatly fear he could not keep control of himself. While this condition remained he did all work rapidly; had constantly to make an effort to keep self-control and to "keep himself down," as he expressed it.

There seemed to be great nervous tension. This would pass off about noon, to be followed by prostration. A short walk would so prostrate him that he could with difficulty stand, while his respiration and heart's action would be greatly accelerated.

With the prostration he complained of the greatest sense of faintness and a sense of constriction and oppression of the chest. This symptom was persistent and gave the patient much discomfort.

I recognized his trouble as nervous exhaustion and prescribed at different times Cod liver oil, Maltine and wine and such other articles of nourishment as I thought would restore his strength, giving at the same time the seemingly indicated remedy. Arsenic was indicated by "fear of death," "great weakness," dyspnœa, etc. Cactus was given for the mental symptoms, depression and sense of constriction of the chest; Nux for the general hypochondriacal mood, great irritability and peevishness. Other remedies which seemed indicated at times,—Ignatia, China, etc., were given with no effect.

I suspected in this case some abnormal irritation of the genital centres as the cause of the trouble, and questioned closely in regard to the condition of the genital system. He insisted that he was all right. Examination of urine showed no excess of phosphates or urates. Digestion was fairly good and to prescribe a change of climate and rest, with the remedy covering most of the symptoms was all I could do. This was done and the patient took a trip west for two weeks, only to return worse than ever.

I then went back to the sexual system for the cause of the trouble, but he was positive of no spermatorrhœa, no excess of any kind. I demanded an inspection of the organs and found there a congenital phymosis and a severe balanitis.

The foreskin was contracted firmly upon the glans penis; the whole glans, excepting a little about the meatus, and the mucous membrane of the foreskin was one excoriated surface, discharging thick grayish pus.

The foreskin was slit up an inch and one-half and the free edges of the mucous membrane and foreskin were brought together by sutures. Union was complete by first intention. Argent nitras, gr. 1 to oz. was applied to the excoriated surface which healed in ten days. The nervous symptoms immediately began to disappear, the patient gained in

strength and weight, and in six weeks he was perfectly well. Six months have now elapsed, and there has been no return of the nervous symptoms, and he attends to his daily work without fatigue. No remedies were given after the operation.

Mr. F., who had been for six months under the care of an eminent surgeon and had received various kinds of treatment unsuccessfully, presented to me in April last the following symptoms: Aching pains and soreness of the knee joints, no swelling or redness but severe pain. Pain in the tuber ischii with extreme sensitiveness and soreness. At times, drawing, aching pains in the lumbar region and lancinating pains of the chest. These seemingly rheumatic pains had been diagnosed and treated as rheumatism. There was frequent urination with slight pain on voiding. He had been told that the urine contained oxalate of lime crystals and was consequently sure that he had gravel. He was nervous and much depressed; could not endure either mental or physical exercise, and was restless and ever changing from one thing to another. He was constantly complaining of his gravel and rheumatism and thought that the pains in his chest would certainly lead to consumption. The pulse was frequent, the hands cold and moist. Upon examination I found the urine to contain amorphous urates and prostatic crystals. Passage of the sound showed hyperæsthesia of the prostatic urethra. There was also an irritable excited condition of the sexual organs, with frequent erection and occasional nocturnal emissions. The patient was wakeful and emaciated; the chest showed no symptoms of disease. Nux and Bryonia seemed to cover nearly all the symptoms and the two remedies were given alternately in 3x dilution, but without benefit. At his next visit I ignored all symptoms except those relating to the prostatic urethra, and prescribed Thuja in the 3x dilution. From this we got decided aggravation, so that the patient returned next

day with bitter complaints of burning and smarting pains when voiding urine. Thjua was discontinued for two days and then given in the 12x dilution with prompt and permanent relief of all the abnormal symptoms of the urinary and sexual organs. The pains in the knees and the soreness of the tuber ischia began immediately to abate. The patient gained fifteen pounds in weight, and his nervous troubles disappeared.

POPULAR FALLACIES IN REGARD TO VENTILATION.

BY

CHARLES R. DRYER, M. D.

Fort, Wayne, Ind.

The first and great popular fallacy in regard to ventilation is that it needs no special attention. This is a more serious error among the well-to-do than among the poorer classes, in as much as the houses of the former are more nearly air tight. With solid brick walls, double sashed windows, weather stripped doors, and a base burning coal stove, the exclusion of pure air is carried to the utmost extent. This condition is happily somewhat relieved by the use of open coal grates. But how many fine houses does the physician enter without noticing the close, foul odor, and the stifling air which comes from over-heating and poor ventilation? In such rooms he finds nervous head-achy women, and pale, irritable children suffering from colds the winter through. Such families need judicious instruction that respired air contains one of the most virulent poisons known, and that dry and over-heated air is debilitating and irritating, leaving the mucous membranes sensitive to be inflamed by every breath of the natural atmosphere.

The second popular fallacy is that the poison of respired air is carbonic acid. This is an example of superstition or the "survival" in science of an idea long after it has been proved to be false. It is perpetuated

in school text-books and popular treatises innumerable. Indeed correctness of statement upon the subject is this rare exception, gross error the rule. Carbonic acid gas is no more poisonous than water; animals immersed in it die just as they do if immersed in water, and for the same reason, viz., want of oxygen. Birds have been made to live in an atmosphere containing 35-40 per cent. of pure carbonic acid and about an equal per cent. of oxygen. Yet when the carbonic acid of *respired* air rises to one per cent., that air is a very dangerous poison.

The solution of this puzzle is that respired air contains a very small proportion of poisonous organic matter, which is constantly exhaled from ever the healthiest lungs. Its exact nature has not been determined. It is the source of the foul odor so characteristic of badly ventilated rooms. The air from the exit of pipes of a crowded hall darkens sulphuric acid, decolorizes potassium permanganate, and causes water or a sponge saturated with it to putrefy. This poisonous matter is produced in quantities proportionate to the amount of carbonic acid, hence the quantity of the latter is an indicator of the relative quantity of the power; and carbonic acid should never be allowed to accumulate in occupied rooms to the extent of seven-tenths of one per cent.

The third popular fallacy is that the most impure air accumulates near the floor of the room. This false idea has probably arisen from the fact that carbonic acid is more than half as heavy again as air, and can be poured from one dish to another like water. Although this is true when both gases are at the same temperature, a very little difference of temperature is sufficient to reverse these conditions. Respired air issues from the nostrils at a temperature of nearly 100° F., and is lighter than the outer air at 70° or 80°. Again, the temperature of the body is nearly 100°, usually much above that of the

surrounding air. This is sufficient to create an upward current rising from the body of every person in the room; just as the heated air rises above a hot stove. If to these influences be added the more powerful action of a stove, register, or other heating apparatus, it will be understood how the impure air rises and accumulates very rapidly near the ceiling. This can be easily proved by experiment, such as placing candles at various heights. The upper one will burn much more dimly than the lower. At the same time the cooler air on the floor moves toward the stove to enter it or to join the current rising from it.

The fourth popular fallacy is that the outlet for impure air is best placed at the top of the room and the inlet for pure air at the bottom. This may seem a contradiction to the third fallacy, but is not, for several reasons. An opening into a cold place at the top of the room is often not an outlet at all, but simply allows cold air to drop down into the room. If it be an outlet it is very wasteful of heat. The air of the room is heated at some expense, and then turned out of doors as soon as possible. If the inlet be near the floor, there will be a cold draught upon the feet of the occupants of the room, and although such an arrangement may ventilate, it will be attended with such disadvantages as to render it highly objectionable. Wherever possible, there should be an outlet near the floor into a heated flue, in which the upward draught is sufficient to constantly draw the cooler air off the floor. An open fire flue is the most efficient outlet that can be devised. Instead of that, a direct draught stove in which a door above the fire may be opened answers the purpose admirably. The inlet may be for pure heated air through a register near the floor on the opposite side of the room from the outlet, or for pure cold air by an opening directed upwards behind the stove and above the heads of the occupants of the

room. Thus all cold draughts will be avoided, the pure cold air will mingle immediately with the impure air near the ceiling, and the room will be equably and economically warmed, and efficiently ventilated. June air may be had in January, and the children will be as merry and rosy as the street children, who have nothing but oxygen to make them merry.—*Ft. Wayne Journal.*

EPILEPSY IN A DOG.

BY

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The following case is an interesting instance of the efficacy of *Plumbum*: The patient, a cross-bred dog of the terrier kind, was the subject of epileptic fits, to which it had been liable from puppyhood. There was no doubt that the prominent cause was a hereditary disposition, for, strange to say, both sire and dam had suffered in like manner. The seizures usually occurred about once a fortnight, though occasionally the animal had been known to suffer three attacks in one day. The dog invariably presented unmistakable premonitory symptoms, such as irritableness of temper, apparent confusion in the head, trembling of the limbs, dejection of spirits, occasionally running round and round like a cat when playing with its own tail, or it would make fruitless efforts at galloping up the wall. The paroxysm usually lasted a quarter of an hour to twenty minutes, during which there was a complete loss of consciousness, on return to which there was evident exhaustion and a sense of weariness, that generally passed off in a few hours, when the dog resumed its customary activity. I prescribed a course of trit. *Plumbum Met.* 3x, gr. v. to be given morning and night, together with a nourishing but easily digestible diet. Under this treatment no attack came on for a month, when it was so slight that the dog barely lost consciousness; there were no spasms,

and altogether the seizure, including the usual sequelæ, did not last more than an hour.

It was noticeable, therefore, that there was an extension of the period and a diminution in intensity, from which I concluded that the remedy was exercising a favorable influence upon my patient. I therefore ordered a continuance, reducing the dose to three grains of the same attenuation, and the times of administration to once daily. As a result of this there were no indications of an attack for six weeks, when the usual premonitory symptoms of running round and round presented themselves, in consequence, it was believed by the owner, of excitement caused by the unexpected presence of some strange and noisy foreigners. The animal was taken up and conveyed to a quiet place, the owner keeping, it company meanwhile. The attack passed off without further development of the more serious symptoms. I now ordered that the medicine should be given once in three days only, and heard from the owner some seven weeks after this date that no indications of an attack had presented themselves since. Having heard nothing more of my patient for a period of three months, I conclude that no recurrence has taken place. In selecting remedies homœopathically I find it very often difficult in my practice—as veterinary patients are unable to describe subjective symptoms—to discover, among others, the LEADING OR GUIDING SYMPTOM. In the present case, however, I was led to prescribe *Plumbum* from that peculiar habit of *of trying to scramble up the wall* which so often presented itself prior to a seizure, having seen this indicated somewhere when reading up the case; I am not certain where, but believe it was in Snelling's Jahr.—*Hom. World.*

BRYONIA ALBA, AN INTERESTING ILLUSTRATION OF THE ACTION OF.

BY

ROBERT T. COOPER, M. D.,

London, Eng.

Towards the middle of March, 1869, a woman, aged 42, of nervous-sanguine temperament, presented herself at the Southampton Homœopathic Dispensary, to which I was then physician, with the following symptoms, which in my absence were taken down by the dispenser: Pressing pain in the right side under the ribs—can scarcely bear to put on her clothes—catching her when breathing: about a fortnight ago something appeared to burst from the right side immediately under the ribs; the place is very tender, “like a boil.” For these symptoms, the dispenser prescribed *Bryonia alba*, 3d decimal dilution, 7 drops, to go over the week. I saw her a few days after, and elicited that a purulent discharge had come away by stool after having had the sensation of something bursting in the side, and that now the stools are covered with a slimy white substance, and that large, long, stringy substances are passed, that the bowels are generally confined, and that for the last five years “the coats of the bowels” have been coming away by stool. For this she had been treated unsuccessfully by one of the leading allopaths in the town.

In July she had had a miscarriage, and three weeks after was seized with flooding, when a second and similar mishap was supposed to take place, and this has left behind much weakness. Her legs are continually swollen, especially in the evening, and has very much pain across the back upon urinating, with pain as if in the neck of the bladder—this is worse in the day-time, but has also to get out of bed three or four times at night. Has very much headache across the eyes, temples and occiput, especially before the monthly illness; feels “quite strange in her head.” Finding

the *Bryonia* appeared to be beneficial, I continued it in the same dose.

March 24th. — Has much pain through the shoulders; the slimy discharge from the bowels is much less; period has come on, very pale and scanty; the bowels are rather constipated, with a good deal of pain; the pain upon urination is much less, and does not pass water nearly so frequently, not at all disturbed at night.

March 31st. — Feels better than she has done for years, the slimy substance from the bowels is nearly gone.

The *Bryonia* was gone on with till April 24th, when the cure may be said to be completed. For although the patient has since suffered from a feebleness of digestion, with constipated bowels, she has, except for this, remained in good health ever since, and is quite convinced, as I had an opportunity of hearing from herself only to-day, that the treatment saved her life.

It is gratifying to hear this, and especially interesting when one turns back to her case and finds the result entirely due to the administration of one remedy, and this our old and tried friend, *Bryonia alba*.

The pathology of the case I take to be this: there evidently had been present for five years a severe catarrhal proctitis, such as we might have been tempted to prescribe *Borax* or one of the mercurial preparations for; this not being properly treated, led to a sympathetic hepatitis, as we so often find occurring in dysentery, and this again to hepatic abscess, which had discharged itself into the bowel a fortnight before coming under treatment. The subsidence of the severe rectal and vesical troubles under *Bryonia* is instructive, the hepatic symptoms are characteristic enough.

LYCOPODIUM IN CONSTIPATION.

BY

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London, Eng.

Lycopodium is frequently indicated and very useful in many cases of

chronic constipation. The patients in whom it is so are persons who have suffered, for a considerable time, from the consequences of depraved and imperfect nutrition. They present a more or less withered and cachectic expression. The complexion is grayish and sallow. The tongue is large and coated; the taste is sweetish in some, in others saltish or bitter; the appetite is greatly impaired; often there is a nausea attended by faintness after food; after dinner especially the face often flushes; there is an irresistible sense of drowsiness and exhaustion; frequently more or less hot eructations; great flatulence, the abdomen becoming distended, giving a most uncomfortable sense of fullness, even after a small meal. The bowels are quite inactive, there is no desire for stool, but a constantly and painfully increasing feeling of being loaded. When a movement is obtained, the feces are hard, scanty, and passed with difficulty.

The following case, which was recently under my observation, is a very fair illustration of the kind of patient and the sort of constipation is in which *lycopodium* is so useful. It is interesting, also, from the length of time during which the disorder had persisted, the rapidity with which it yielded to medicinal influence, and the permanence of the recovery.

A married lady, 50 years of age, of spare figure, active, nervous, and anxious expression of countenance, consulted me on the 31st January, 1882, on account of long continued constipation. She had a somewhat careworn look, and of a nervo-bilious temperament; has had a great deal of anxiety, and is full of occupation. Inactivity of the bowel has existed for full 23 years, a condition originating, it is admitted, in neglect to obey the calls of nature. During the whole of this time, with the exception of one period, she has been obliged to take take purgative medicine to obtain relief, while without relief life was scarcely tolerable from pain and distress. The period when

she was better was when she was under the care of Dr. Galloway, of North Shields, who, with the aid of *Nuxvomica* and *Sulphur*, was able to restore the intestinal power. She, however, went abroad traveling, and again lapsed into neglect, which speedily re-established her loss of power. Since this time the bowels have never been relieved without purgatives; and a well known hospital physician, under whose care she has recently been, has told her that she cannot expect to be "cured," but must rely for relief, upon purgatives and aperients, either in the form of pills or of mineral water.

Her present condition is as follows:—The appetite is small, tongue dry, brown and parched; breath very offensive in the morning; stomach distended after a meal, however small, but no sickness; a good deal of flatulent abdominal distension. The bowels never move, except under the influence of purgatives. If the purgative is omitted, there is a sense of great exhaustion, a wearied fatigued feeling, and much drowsiness. Directly she sits down she becomes drowsy. Under the action of a purgative the bowels are moved apparently naturally; there is no real diarrhoea.

Catamenia every three weeks, and during the period she has severe neuralgic pain in her left supra-orbital region, and also in the orbital cavity. The pain extends into the head towards the vertex; and is attended with great mental depression, amounting to melancholia. This neuralgic pain has existed for the ten years during the period, and she dates its occurrence from what, from her own account of it, appears to have been an attack of acute meningitis.

I ordered her to wear a compress at night; to abstain entirely from all purgative medicines and mineral waters; to drink a tumblerful of cold water early in the morning, and also freely during the day; to take plenty of walking exercise, and as medicines I gave her *tinct. opii* 3x *gtt. ij.* and

tinct. sulph. 3x *gtt. ij.*, every six hours alternately.

In case of an attack of neuralgia coming on, I wrote a prescription for *tinct. actææ*, 3x *gtt. ij.*, every two or three hours.

A week later—February 6th—I heard that there had been a very slight natural action of the bowels three or four days ago, but none since. She was wretched and miserable, wearied and drowsy, with very great abdominal distension. I now ordered two grains of the 3rd decimal trituration of *lycopodium* to be taken every three hours.

Her next visit to me was on the 24th of March, when to consult me regarding some rheumatic pains in the arms. On enquiring about the state of the bowels, I found that she had taken no purgative since I first saw her. After taken three powders of *lycopodium* the bowels acted naturally and comfortably four days in succession. On becoming a little sluggish again, another powder was taken, and natural action returned. Since then a single powder has always resulted in a restoration of intestinal power, and a healthy action now takes place daily. Her appetite is good, the tongue clean, breath quite inoffensive; no abdominal distension or drowsiness after a meal. Further the catamenia have appeared, and without any neuralgia. She has had no occasion to resort to the *actææ*. Her general appearance has much improved, the expression of countenance being less worn and haggard looking, and her complexion clearer.

She called subsequently, on the 22nd of April, a few days before leaving for abroad, when she stated that the regular action of the bowels had been uninterrupted, the catamenia had been regular, and she had had no recurrence of neuralgia.

That the recovery here was due to the medicine prescribed there can, I think, be no doubt. The wet compress and the free exhibition of cold water had no influence, were disliked and abandoned in a few days, neither

were the two medicines taken during the first week of her treatment of any service ; but almost immediately upon her taking a few doses of a medicine, the physiological effects of which corresponded closely to the phenomena produced by the morbid state, a healthy action was set up, and continued during a period of ten weeks—a length of time ample sufficient to assure us that she was cured, not merely relieved.—*Hom. Rev.*

THE UTERUS AS A WITNESS.

BY

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IN forensic medicine seemingly small matters often become astoundingly important. Who would think that the uterus of an infant could resist decomposition infinitely longer than the heart or any other viscus? A few citations may serve to correct a prevailing error.

In *Casper's Forensic Medicine*, vol. 1, page 52, Sydenham edition, under the heading of "Chronology of Putrescence," the following cases are reported: "A human fœtus was dug out of moist garden soil in March. It was quite black, and the whole surface matted with straw and the remains of plants. The head had dropped off, and at the time of the examination only a few skull bones lay near the trunk. That the sex was no longer externally recognizable needs scarcely to be mentioned. The trunk was eighteen inches long, and weighed four pounds and a half. The muscles of the trunk and the extremities were already converted into adipocere. The thoracic and abdominal organs were coal-black and no longer distinguishable, except the empty bladder, which was still distinctly visible. But the dirty-red uterus, perfectly preserved, still maintained its proper position. We could, therefore, affirm that the fœtus was of the female sex, that it was probably mature when born, and that it had probably lain in the earth about a year,

which further judicial inquiry fully confirmed."

Another detailed case is still more interesting. It runs as follows: "A young servant-maid, said to have been very pretty—and this very possibly gave rise to the report about to be mentioned—was seized with an inflammation in her chest, and was about to be sent to the hospital. But she strove resolutely against this, asserting that she would rather be struck dead. On the evening of the same day she suddenly disappeared. All inquiries after her were in vain ; and, of course, it was impossible to determine the truth of a report which then arose, that she was with child by her master, a married man and her own relative, and that she had been made away with by him. In December of the same year—she disappeared the March previously,—the cesspool of the house was emptied, and in doing this, the workmen unexpectedly discovered amongst the filth the putrefied remains of a human body. It was a most probable supposition that this was the body of the girl who had disappeared from the same house in the Spring, and the court was ordered to hold a medico-legal examination of the remains. I shall not likely ever again have occasion to observe a greater degree of decomposition. The very attendants on the dead-house, well inured to such cases, were disgusted, probably quite as much by the horrid appearance of the body, as by the indescribable stench. The skull, the lower jaw, and the greater part of the lower extremities, were by maceration bared of their soft parts, the connecting ligaments of the joints were partly separated, and what of the soft parts still existed were but stinking unrecognizable black shreds. A regular autopsy was of course out of the question. As, however, my previous experience led me to hope to be able to reply affirmatively to the question raised by the Judge, viz.: Whether the deceased was pregnant at the time of her death, the abdominal cavity was opened, to ascertain

this fact. The muscles were changed to adipocere, and the whole of the intestines were found transformed into a black greasy mass, in which the separate portions were no longer to be recognized. The liver, spleen, and kidneys were also changed to a similar mass, but the uterus was found of a bright-red color, hard and firm to feel and cut. Its form was perfectly recognizable and normal; and its size that of a virgin uterus. Its cavity was unimpregnated and empty. Although, therefore, we could not give even the most problematical opinion respecting the life or death of this person, yet we could with certainty declare, that the deceased could not have been pregnant at the time of her death; consequently the former report, which on the finding or the body, had again been most diligently circulated, fell to nothing, and the slur of debauchery and probable murder cast upon the reputation of a hitherto irreproachable man was removed."

Without that undecomposed uterus as a witness the verdict would have been rendered against an innocent man.

Some years ago the partially decomposed and gnawed body of an adult female was found under a log in the woods near Muncie, Ind. Some months previously a certain girl had mysteriously disappeared, and suspicion whispered something about illicit love, pregnancy, and abortion. Although the features of the dead were not identifiable, parts of the clothing were. An examination of a well preserved uterus showed that it had been pregnant with a two or three month fœtus just before the death. This circumstance led to the remembrance that the girl was last seen entering a medical man's house, and called to a person's mind that some months previously—about the time of the girl's disappearance—he, while returning home after midnight, was about to meet a wagon and two men talking in a low tone of voice; and that he stepped into the bushes to let them pass. He heard the vehicle stop some rods

beyond, though he resumed his walk, thinking nothing peculiar about the affair. The discovery of the body in the Spring following was near the point where the two men and the wagon stopped.

The reputed lover of the girl and the doctor were put under arrest, and the circumstantial evidence was so strong against them that conviction followed the trials. The tell-tale uterus was an unimpeachable witness in the case. Without that well preserved organ pregnancy and abortion could not have been named in connection with the crime.

In 1872 a female was seen to jump from the Suspension bridge just at dusk in June. A person in a skiff secured a light shawl worn by the suicide. This garment was subsequently recognized as that of Sarah Barnett, an unmarried woman belonging to Covington, Ky., and the rumor spread that a man by the name of Jonas had been "intimate" with the deceased. The friends of the unfortunate female searched the river, and wasted much gunpowder in futile attempts to make the body "rise." In September the decomposed trunk of an adult female was found stranded on a sand-bar above Madison, Ind. A plain gold ring on the little finger of the left hand, with the initials "S. B. from H. J." was thought to identify the body. A few shreds of clothing still clung to the body, but these could not be identified. The flesh of the trunk and limbs was stripped from the bones, and the viscera in general were missing. However, the quite well preserved uterus, with a two months' fœtus enclosed, was found in the pelvic cavity. The circumstances led to the arrest of Jonas, yet nothing implicating him in the violent death could be sustained.

These items are cited to show how long a uterus may resist decomposition, even though the weather be hot, and the environment unfavorable to preservation.

ORIGINAL TRANSLATIONS.

BY

SAMUEL LILIENTHAL, M.D.

NEW REMEDIES AGAINST SYPHILIS.—*Cascara amarga* is the bark of a tree in Honduras (*Gerus Picramnia*). The fluid extract is used by grown persons in secondary syphilis in doses of 30 to 50 drops three times a day. The symptoms, it is said, disappear rapidly and it also acts as an excellent tonic. In a case of iritis syphilis, decided improvement set in after three days (40 drops fluid extract three times a day) and even after leaving off the installation of atropine in the day the case was fully cured by the solva of *Cascara amarga*.

Foliæ Carobæ (from Brazil) is recommended by Edin. fluid extract of *Carobæ*, 15 to 60 drops three times a day is recommended for old cases of secondary syphilis, as it is a tonicum and alterans.

Berberis aquifolium, Dr. Baird of Tennessee, uses it in secondary syphilis.

"All. Med. Centr. Zeit." 4, 1883.

A CASE OF ATROPINE INTOXICATION IN A CHILD OF SEVEN YEARS.—On a slight burn with fungous granulations a compress saturated with a solution of 1% atropine was put. After a few minutes redness of face, complains of dryness in throat, thirst, after ¼ hour twitching in head and arms; vomiting. The mistake was rectified by substituting plain water. The face now turned pale and pleasant deliria setia. The head was thrown from one side to the other, the fingers were closed, the arms fixed in flexion; convulsions in upper extremities; the child then looked like one deeply drunk. After three hours clonic spasms over the whole body, passing over into toxic ones; pupils dilated at maximum, no reaction; difficult deglutition; voice hoarse, thick; sensibility of skin suppressed; skin dry, bluish-white; no fever, temperature 37.2; pulse small, frequent, soft, irregular, intermittent;

respiration accelerated, superficial; sphincters not affected. After 10 hours gradual cessation of the symptoms, after 24 hours only dilatation of the pupils and slow movements of the extremities. Ordination: brandy and two injections with turpentine.

"Centralbl. f. Klin. Med." 28, '82.

The G. N. L. No. 4, 1883, cites per contra the following cases from the *Brit. Med. Journal*, No. 1137, 1882: A boy of 14 years and another of 18 had some contused and torn wounds and in consequence of them were attacked with trismus and tetanus: Dr. Whiteley treated them with large doses of belladonna, 0.45 to 1.8, every two or three hours, till the pupils were fully dilated and the extremities perfectly relaxed. Rapid improvement followed.

TREATMENT OF VASCULAR TUMORS WITHOUT OPERATION.—Fiolani treated six cases of teleangiectasis with collodium, merc. cor. subl. (3:20). With a fine brush four layers are put on and surrounding the tumor in such a manner that a new layer is put on when the former one became perfectly dry. On the fourth day the edges raise up and then the second painting is put on. This is repeated every fourth day, till the elevation, present at the beginning, has disappeared and the edges appear sunk in after falling off of the crust the part appears sunk in and of a pink color, but gradually takes on again its normal tint. The procedure is painless and applicable to angiomata which rise only one or two millimetres above the surface of the skin.

"Med. Chir. Rundsehan," 40, '82.

A PAINLESS LABOR.—Lebert, recommends the Byromure d'Ethyle as an excellent anæstheticum in labor. It is a colorless fluid of pleasant odor, may be used like chloroform, but it does not irritate the respiratory organs; causes no vomiturations; acts

more rapid and looses its action more rapidly. With the disappearance of the labor-pains consciousness remains clear, the uterine contractions become stronger and the woman, who feels no pain, is able to work to better advantage. The inspirations, used only during the pains, may be continued for hours without any danger. Lebert uses it in all cases of labors. It produces apparently a dilatation of the cerebral bloodvessels; as the face also turns red.

"Centralbl. f. Gynæcol." 50, 1882.

URETHRITIS CAUSED BY FROGS.—

Dr. Bonarny in a recent thesis (Rev. de Therap. No. 19) describes two epidemics of urethritis among soldiers in Africa, caused by eating frogs which had fed upon cantharides.

"N. Y. Medical Record," No. 6, '83.

APIS MEL. THE ANTIDOTE TO SALICYLIC ACID.—Dr. Brenner reports that his wife, hydrogenoid constitution, with a tendency to diarrhœa, suffered for several months from it as often as she partook of preserved huckleberries. The usual remedies failed. Heinigke cured an obstinate diarrhœa with Apis and remarks that salicylic acid and salicylate of soda have a similar action. Our huckleberries are prepared with this acid and I blamed it for the diarrhœa. A few doses Apis removed the whole trouble.

"A. H. Z." 3, 1883.

ON THROMBOSES OF THE BASILAR ARTERY, BY PROF. E. LEYDEN (Berlin).—After citing several cases the celebrated author says: The changes in the artery itself are caused either by arteriosclerosis, leading to dilatation and formation of aneurysms, or by emboli, when the embolism is seated in either of the vertebral arteries, and by thrombosis becomes seated in the basilar artery, especially in syphilitic affections of the blood-

vessels, most frequently at the place where arteries branch off.

The symptoms of syphilitic thrombosis of the basilar artery may be divided into local and general ones. Among the local symptoms, hinting to a morbid state of the pons and medulla oblongata, we find difficulty of swallowing, disturbances of speech (Acarthy of Leyden), premortal rise of temperature. The palsies may change in their intensity, move suddenly sometimes from one side to the other, are either total hemiplegia or hemiplegia alternans, i. e., extremities on the one side, facialis on the other. Gubler gives only a hemiplegia alternans inferior, but Leyden has also seen a hemiplegia alternans superior paralysis oculomotorii on the one side, palsy of face and extremities on the other side. The morbid foci are then mostly in the crura cerebri in the neighborhood of the borders of the pons.

General symptoms are: stupor, somnolence, deliria from the changes in the circulation caused by the closing up of the basilar artery.

Centralbl. f. clin. Med. 2, 1883.

OBESITY AND ITS TREATMENT, BY PROF. W. EBSTEIN.—A rational treatment of obesity is only possible where the patient *for years* will follow a rational diet, suitable to their case. It is necessary for them to be acquainted with the action of the most important factors of nutrition (albuminates, fats and carbon-hydrates). A moderate use of fatty substances is necessary, as by limiting the dissolution of the albumen the desire for food is thus diminished, and the patient desires less food and drink. Ebstein orders fat albuminous food, very little carbon-hydrates, and forbids potatoes, sugar and sweets of any kind. We need not be afraid that the stomach for a long while cannot digest such food, but his experience showed the contrary. Such a mean allows great variety, but as soon as the patient finds a permanent improvement, he

is willing to abide by his prescribed diet.

B. V. W. 4, 1883.

THE FARADIC BRUSH IN TABES DORSALIS (SCLEROSIS OF THE POSTERIOR CORONA), BY DR. TH. BUMPF (Bonn).—The anode is put on the sternum and the cathode is energetically carried over the back and extremities so that every place is several times under the influence of the current and turns to a good red. He begins with the back and repeats twice this procedure. The current must be sensibly felt, but varies according to the place applied. Every seance may last ten minutes. It is well known that the electric brush diminishes pain. Drosdorff (Arch. f. Psych. and Nervenhe. XI. 2), who for years studied farado-cutaneous sensibility in its normal and pathological relations, found it stands in proportion to the sensitiveness to pain. Where farado-cutaneous sensibility was measured before and after its application, he always found that the same had decreased and only in time approximated to the normal state. Vulpian proved that the faradic brush may restore sensibility. Nothnagel, Brown-Sequard and Bumpf have shown that by irritating peripheral nerves irritatory disturbances in the central organs may be produced. He recommends this treatment especially in cases where sensory disturbances and pains are chiefly complained of and the ataxy has not progressed too far. He gives three cases of syphilitic and of non-syphilitic origin, where such treatment resulted in great benefit or in a perfect cure.

B. V. W. 4, 1883.

ABUSE OF CHININUM.—In the *Zeitschrift für Therapie* Prof. Voltoline writes: In Otology quinine is used and in Otalgia intermittens, also in many cases of tinnitus aurium. He protests against the use in large

doses of quinine in intermittent fevers, and bases his arguments on extensive observations. Nowadays the journals are filled with cases where quinine was abused, so that a new terminology had been adopted: Quinine amaurosis, quinine deafness, which were formerly unknown. (Loomis speaks of chinchonism). In all cases of intermittens Voltolini gives only doses of 0.06 to 0.13 every hour or two, with perfect success. Many physicians try in vain to cure an intermittens with large doses till the attack is suppressed, and then feel satisfied, though in six or eight weeks the fever returns and this goes on *ad infinitum*. Voltolini gives, after the fever has disappeared, quinine in small doses for weeks and recommends chiva-wine for months as an after cure. Should quinine in large doses be abandoned, it would not be necessary to search for remedies against quinine poisoning.

A. BERGHAUS.

Recent writers upon public health claim that wooden blocks used in many cities for pavements have a decided unhealthy influence.

SOCIETY PROCEEDINGS.

The American Institute of Homœopathy will meet at Niagara Falls, commencing June 19th. An interesting session is anticipated.

The Homœopathic Medical Society of the State of Wisconsin will meet, in the Capitol Building, at Madison, Wis., on June 12-14, in joint session with the Western Academy of Homœopathy.

A regular meeting of the New York County Society was held April 9th, at the College Building, Twenty-third street and Third avenue.

President Doughty in the chair—

Minutes of last meeting read—Proposed new members were voted for Drs. Georgianna D. Read and W. D. Huff, were unanimously elected.

Committee on microscopic examination of specimen presented at last meeting by Dr. Schley, reported "Progress."

Dr. E. Carleton presented a specimen of keloid or fibro-plastic tumor taken from the neck of a negro woman, also photograph of case before removal of growth.

Nothing morbid prior to growth—which was first noticed 3 years ago, when quite small it was removed, within a year and a half it had again grown to size, as shown—7½ inches after removal. A portion of the ear was involved and also removed. A similar growth small, was removed from left side. Tumor had no capsule—it was removed a week ago at the New York Medical College for women by Dr. Carleton, it required careful dissection on account of its position.

Dr. Carleton also reported case of button-hole operation for case of stricture of urethra, at Ward's Island Hospital, patient in state of almost collapse when the doctor was called.

Had suffered previously with chancres—gonorrhœa, and had also been a hard drinker earlier in life—stream of urine small, but not twisted. When admitted to hospital patient was suffering from acute attack, with diarrhœa, elevated pulse and temperature, and almost state of collapse; smallest bougie would not pass. Ether gave no relief, urethra sensitive, aspirator yielded pus one drachm. The stricture involved the prostate and membranous portion, two drachms of pus were taken from bladder, patient died. Post-mortem. Oedema of legs—kidneys weighed six ounces, pus in peritoneum intestines adhered. Bladder small, quarter inch cavity, about 4 ounces, urethra obliterated nearly from stricture to bladder.

Dr. Doughty asked if the doctor thought that he cut into the canal at

all, or only made a cut right through the intervening structures; he doubted if the canal was ever reached and followed in these extreme cases. Dr. Carleton thought he followed the canal, but his cut was deep below.

Dr. Wilcox, the historian of the bureau, reported from the *Lancet*, Dr. Waltham, a case of cardiac puncture for the relief of pleuro-pneumonia; patient died, but the doctor thought it was due to tardiness in the operation. It is now believed that the right auricle is the more favorable point of puncture. The Aspirator was used.

American Medical Association reports the opening of the gall bladder and removing stones through the abdominal walls.

Hepatic abscess treated by thermocautery; three quarts of pus removed; cavity washed out with water for two weeks; liver fixed to abdominal wall; by the aid of mirror all sloughs were discovered and removed; patient recovered.

Case of gall bladder, removed for severe billious colic; recovered.

Hernia—Congress of German Surgeons—treated by injection of alcohol without operation; objection, it has to be used so often.

Case of transplantation of muscle after removal of large tumor from biceps. Gap was filled with muscle of dog; catgut sutures—success.

Spina Bifida—filled in with periotum of rabbit—success.

Dr. Doughty read a paper on Cystitis in which he gave a review of the whole subject, and cited a hypothetical case to explain the meaning of the terms applied to the different degrees of inflammation and the structures involved. Dr. Doughty differed from those who think that acute idiopathic cystitis does *not* occur in healthy bladder. The doctor here reviewed the causes of cystitis, as found under the head of five divisions, viz. traumatic, chemical extension from other structures, drugs, improper food, colds, and gouty diathesis; also considered separately the causes, symptoms, and

pathology, and contrasted the diagnosis of cystitis with prostatitis—giving prognosis and treatment. The substance of the paper may be found in the text books, but the material was presented in a concise, regular form which covered the whole ground. In the treatment he advocated the use of suppositories of Opium and Belladonna to quiet the muscular contraction or tenesmus which is so severe in some cases—believing the tenesmus to be harmful to the local trouble; advised the avoidance of animal food, condiments, liquors, etc., while milk should be the main diet where possible—if too rich, remove the cream—small quantities given often preferable to large quantities at long intervals; locally, hot fomentations of hops, or chamomile flowers, etc.; cautioned against the early use of catheter, always individualizing the case; the rule is use catheter only if *absolutely* necessary, but do not refrain from using to the detriment of patient; over distended bladder is a well known cause of cystitis; do not trust the patient's sensations, but examine the bladder for yourself.

Secretary read a paper from Dr. Georgiana Read, on injury to the nail, where a portion had been detached.

Dr. George Dillon differed from Dr. Doughty as to the power of differentiating epithelium cells in cystitis and pyelitis; believed with a high power of microscope a satisfactory conclusion could be arrived at. Dr. Dillon had found the Balsam of Canadian pine useful in cystitis, also Eucalyptus Globulus.

Dr. Carleton said he took pride in using remedies and awaiting their result instead of resorting to use of catheter in cystitis; mentioned cases after confinement where once used it had to be continued. Mentioned Merc. corr., especially where the rectal tenesmus was marked; also Am., Ars., Ac., Kali carb.

Dr. S. Lilienthal said that in many cases of retention of urine at parturition he directed the patient to sit on

the chamber. Frequently the change of position was all that is needed; and again large clots may thus be discharged and the trouble at once relieved. Was glad the old notion of keeping the lying-in patient so quiet in the one position had exploded along with many other old notions, as starving, bandaging, etc.

Dr. Doughty reasserted his position that the catheter should be used when necessary, and it is the physician's *duty* to find out when it becomes so, that the danger is in going to either extreme.

Dr. Schley mentioned a case now under treatment at Hahnemann Hospital: frequent chills and discharge of muco-purulent matter from bladder. Case had dated from childbirth. He asked for suggestions as to operation of opening bladder.

Dr. Doughty advised it.

Dr. Burkman mentioned case of chronic cellulitis with discharge of pus through bladder, and asked if Dr. Schley's case was of similar nature. Dr. Schley said his diagnosis was cystitis involving deeper structures.

Under head of miscellaneous business, Drs. Henry D. Millard; E. D. Lenjon, and Dr. Rickaby tendered their resignations from the society; no action was taken on account of the absence of the Treasurer.

Adjourned, 10:30.

ERYSIPELAS IN THE STOMACH.—A case in which an attack of facial erysipelas extended to the pharynx and thence into the stomach is reported in *La France Medicale*. The symptoms were pain in swallowing food, tenderness in the epigastric region, and obstinate vomiting for five days,—a feature which might be thought to be due to meningitis, but this supposition was promptly removed by the observed fact that there was a complete absence of other cerebral symptoms.

THE
AMERICAN HOMŒOPATH.

*A Monthly Journal of Medical, Surgical
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Our columns will always be open to a courteous and fair discussion of all subjects connected with our practice, as much as our space allows; but we do not hold ourselves responsible for the opinions of our contributors, *unless indorsed in our editorials.*

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EDITORIAL.

'Tis none of my business to inquire what other persons think, but to establish my own observations; in order to which, I ask no favor of the reader but to peruse my writings with temper.—
SYDENHAM.

We shall be pleased to receive from secretaries of State associations copies of the reports of the transactions of the several societies for the past year.

* * *

We print, as the initial article of this impression of the HOMŒOPATH, another of the interesting series of cases which Prof. Burdick is contributing to this journal. The case reported last month still continues to improve; but remains as much of an enigma as ever.

We call attention to Dr. Pratt's instructive survey of the pathology of mental disorders, which will be found on another page.

Prof. Lilienthal's translations from foreign periodical literature are always

well selected and well edited, and we are glad to be able to present them to our readers.

* * *

Dr. Paine, of Albany, has his say in another column. We esteem our correspondent heartily, and gladly give him the opportunity to thus antidote what he considers our reprehensible remarks in reviewing Dr. Allen's work on Intermittents. The sum of our transgression was:

We quite agree with Dr. Allen that proper potency is a factor in the perfect cure of these intricate cases, as well as the selection of the proper remedy, and that in most cases the higher potencies show the best results. That has been our experience.

By 'higher potencies' we mean from the 6th upwards. Having tried massive doses of Eucalyptus, cornus, cinchona, phenol, and many other drugs, and the lower and higher dilutions, candor compels us to admit, that, contrary to our previous education and preconceived ideas, the higher potencies have yielded in very many cases most satisfactory results. Still we by no means confine, even in intermittents, our practice to them. We have never tried "moving the clock ahead an hour," but we would willingly do so, if we could thus ensure our patient an hour's release from discomfort. So much for personal explanations.

These columns are broad enough for all shades of opinion, and a well-tempered discussion of our several experiences will do none of us any harm. As we have already said we shall never hesitate to give space as far as possible for the dissemination of ideas whether concurrent or dissonant with our own. They only

shut their eyes to the sun who assume that truth can solely be seen from their point of view.

* * *

The retirement of Prof. Chandler from the Board of Health, to make way for a Tammany aspirant, is much to be regretted. Dr. Chandler has devoted many years to the study of sanitary science, and in his position as president of the Health Board has earned the hearty approval of the best classes. Not but what he has made many blunders, and very serious ones, too; no one however doubts his integrity and his superior qualifications for the position he has held, on whole, so worthily.

* * *

A recent number of the *British Medical Journal* contains an article by Dr. Andrew Clark, on an obscure condition of the kidneys, which he separates entirely from Bright's disease. These cases he classes under the head of Renal Inadequacy. There is no sensible alteration of structure, that present means of investigation will enable us to determine, but there is functional deficiency. Such kidneys produce a urine deficient in solid constituents, principally urea and its congeners.

Dr. Clarke cites cases of necropsy when no appearance of renal disease was present, but where the following symptoms had been noted for a considerable period before death:

"When you get hold of a patient who is ill, suffering from dyspepsia or nervousness, having headaches, and complaining of malaise and weakness, who cannot sleep well, who cannot do his work very well, examine his urine and if you find that the urine is low in density you had better proceed a

little further, and be very precise, and get the urine of twenty-four hours, and if you find that it is under fifty ounces in quantity, that it has not a specific gravity of 1010, and that the urea in it is deficient in amount,—under two per cent.,—then whether there be albumen in the urine or not, whether there be any casts or not, whether there be granular débris deposited or not, you may know with certainty that the kidney is not doing its duty."

Such patients are peculiarly vulnerable to colds, which they incur easily, and get rid of with difficulty. They repair damages from accidents, but slowly, and often ineffectually. And they sometimes die from the simplest diseases, such as an ulcerated tooth or an ordinary abscess. An increased amount of food always makes the patient worse.

The treatment, hygienic and otherwise, is similar to that for chronic albuminuria. *Lycopus virginicus* would seem a hopeful remedy.

* * *

The essential basis of mental health was well defined by Dr. Edward G. Janeway, in a recent lecture in this city. In the course of his remarks he said:

"To be satisfied, or at all events reconciled with our occupation, whatever it may be, is the first essential of mental health. It is of the utmost importance for a man to choose such a profession or occupation as his education and mental qualities best fit him to pursue, and having made his choice, to recognize the fact that he is working for some fixed and definite purpose. Let a man so school and discipline himself that when misfortune or disaster comes it shall find him with sufficient reserve force, with enough mental or nervous stamina to make the best of what remains, and not be overcome by an unlooked for

and unexpected stroke of misfortune. The habit of doing one thing at a time and doing it well; the power of concentration, which is the outgrowth of this habit; and a resolution to make the best of life and the work one has chosen, are the surest defense against misfortune and the best safeguard against disease."

* * *

At a recent meeting of the Health Society of Edinburgh, the president, Lord Roseberry, in his inaugural speech said, among a number of other admirable things:

"Health is the capital which we all enjoy—the working capital which everybody has—at least everybody who possesses health at all. A man may not possess a shirt to his back, but if he has health he has capital to that extent. What I venture to say is this, that under existing circumstances that capital is put out very often on insufficient interest. * *

* * We have fine men, fine muscular men, fine bairns, and plenty of oatmeal to feed them with; but at the same time I think that, owing to ignorance of the elementary laws of health, we do not get a sufficient return for that capital."

* * *

Dr. J. N. Mackenzie, in the *Maryland Medical Journal*, has discovered (*sic*) that bichloride of mercury, in a solution of one grain to the pint of water, is very useful in the treatment of inflammatory condition of the nose and throat with profuse muco-purulent secretion; used by means of a spray producer. Yes, we thought so.

* * *

Similarly, Dr. J. H. Musser, who is Chief of the Dispensary, University Hospital, Pennsylvania, reports, in the *Philadelphia Medical Times*, that

Hamamelis is of use in varicose veins. This is a truly brand new discovery, for the doctor mentions nine authorities, none of whom, save Phillips, speak of it at all. He should be given a medal.

CORRESPONDENCE.

105 STATE STREET,

ALBANY, N. Y., May 4, 1883.

DR. GEO. W. WINTERBURN:

DEAR SIR:—I notice on the 146th page of your journal that you blend high potency practice and homœopathy. How often, times without number, it has been proven that high attenuations are utterly useless in malaria; yet this has no influence with you. The effect of your article is decidedly against homœopathy, although you intend otherwise. Young physicians will try to do what you inform them can, in exceptional cases, be done, and they will fail, and homœopathy will have to bear the blame, when it ought not. Such practice sometimes cures, moving the clock ahead an hour will often do the same, but neither are illustrations of homœopathic treatment.

You are doing great harm to homœopathy by the advocacy of such false doctrine.

Respectfully,

H. M. PAINE.

LITERATURE.

The apparent increase of the number of insane patients, the proper care of all persons so afflicted, and practical precautions for the prevention of insanity, are subjects which are engaging, more and more, not only the attention of physicians, but of humanitarians everywhere. It must be evident to all thoughtful persons that insanity is a disease induced by improper habits of mind or body, and that it is therefore easily preventable. As a contribution in this direction, Dr. Stearns, the well-known alienist

in charge of the Retreat at Hartford, has written a book,* in which he maintains the existence of an insane diathesis, shows how this is produced, and suggests several prophylactic methods.

The author shows, that while there is an undoubted and constant increase in the numbers of the insane, that this is not commensurate with the popular idea. That while insanity increases in a greater ratio than the population, yet it is to the better provision made, for both the chronic and acute insane, that the augmented demand for hospital accommodation arises, rather than to an actual growth in the number of cases.

The author explains the "insane diathesis" to be, that inherited twist to the mind, which renders it liable, under the frictions of life, to become unbalanced. And while many so born may go safely through life, and never become deranged, this will only be attained by the avoidance of such habits or actions as tend to develop or encourage the abnormal trait. In this connection the importance of industrial and moral education are pointed out, and the author takes an almost parallel position to that of Prof. Buchanan in his "Moral Education," of which we had occasion to speak in a recent number.

As to the predisposing causes of this inherited tendency, which he has denominated as the "insane diathesis," Dr. Stearns mentions alcohol and tobacco, when inordinately used, as the prime factors. Agreeing here very nearly with Dr. B. W. Richardson, in his "Diseases of Modern Life." While these, poverty, and insufficiency of sleep and recreation, seem to be the main elements in awakening this latent tendency.

In the concluding chapter he says : "I have endeavored to show as too great or too little activity of the various portions of the nervous sys-

tem result in irregular activity or in failure of activity, so, also, too much stimulation to the brain, as well as too little exercise of function, both result in failure in some degree ; that through these two channels, and also from the effects of poisons acting on the brain, comes the largest danger to its integrity of activity."

But while he is able to thus point out the causes of this affliction, he is not altogether hopeful of the remedy. "While some of the causes of insanity, however, are of such a character as has been pointed out, and, consequently, preventable ; yet it will readily be perceived how difficult it will be to educate society so that it may be avoided. The conditions of its existence pertain in many cases to all classes of society, and ramify in the customs and habits alike of the rich and the poor. In many other forms of disease there exists some degree of unity in etiology, and we are able to discover their immediate hygienic conditions with considerable certainty, and these conditions can in many cases be avoided without much inconvenience ; but those of insanity are so multifarious, they are so interwoven with the very texture of our modern civilization, that any warning which we can give, any words of help, or of caution even, all are only too likely to fall on ears which are dull of hearing."

We had occasion in a recent issue of the HOMŒOPATH to dwell upon the steadily increasing demand for preparations containing opiates in one or another form, as evidenced by inquiries at various drug stores. This evidence of a growing habitude of sleeplessness among business men would be, however, a surprise to few physicians. Brain-fag, with its accompanying insomnia, is but too frequently a condition which the family doctor is called upon to combat, and in which, often, from not being able to control all the factors of the case, he retires discomfited. Something more than a year ago Dr. Leonard Corning published a small monograph

* "Insanity : its Causes and Prevention. By Henry Putnam Stearns, M. D. 12 mo. pp. 260. (New York : G. P. Putnam's Sons).

upon the subject, in which he recommended carotid compression as a therapeutic agent in this disorder, which he has now supplemented by a work entitled "Brain-rest."* Dr. Corning gives evidence of careful study of the literature of his subject, and of practical experience in its application, while the special instruments which he has devised to facilitate the treatment of these cases are ingenious, and we may presume effective.

The successful treatment of opium inebriety with *avena sativa* is one of the therapeutic facts of the day. Dr. Sell has gathered into a compact monograph† much clinical experience with this drug by various persons, not only in the opium habit, but in different diseases.

The amount of time devoted to the study of histology in the ordinary medical curriculum is not sufficient to give more than the merest smattering of this important subject. As somewhat facilitating assimilation of knowledge in this department Dr. Prudden, who has had considerable experience in the wants of students, has published a small handbook,‡ which gives in a summary manner the more necessary points of study, with practical directions for laboratory work. Dr. Prudden's book is admirably adapted as a basis for class instruction, and is indeed the substance of his own course of lectures at Yale College. The author emphasizes the advantages derived to the student by his making outline sketches of the specimens of all the structures examined, as an inducement for accuracy of observation. Although more particularly adapted for class work the

book may be used advantageously by those pursuing solitary study.

Of recent works on the diseases of women, that of Hart and Barbour* is, in some respects, the most important. Its merits are simplicity of arrangement and clearness of expression; the profuseness, we might say prodigality, of illustration; the careful resume, under each heading, of the literature of the subject; and the beauty of its typography. The authors of this work have had the double advantage of being the personal students and assistants of Prof. Alex. R. Simpson, who so ably fills the chair of midwifery in the University of Edinburgh. These two volumes constitute the January and February numbers of Wood's Library.

It is always interesting to watch the operation of two minds, investigating the same subject, and to notice the different manner of working out results. Prof. Fritsch of Halle covers in his manual† the identical ground traversed by Hart and Barbour, in the work we have just mentioned, but the two treatises differ greatly. Fritsch's work has that tone of mellowness, and an elegance of diction, which comes only as the result of ripened clinical experience and long familiarity with the subject, coupled with the habit of expressing ideas either by speech or pen. In both works are gathered up the latest ideas and theories in the pathology, physiology and therapeutics, of the diseases treated; but the former is more adapted to student-life, and as collateral reading during the attendance upon lectures, while the latter will better satisfy the man who has experience and ideas of his own. In thus placing within the reach of

* "Brain-rest." By J. Leonard Corning, M.D. 12mo, pp. 103. (New York: G. P. Putnam's Sons.)

† "The Opium Habit." Its successful Treatment by the *Avena Sativa*. By E. H. M. Sell, A.M., M.D. 8 vo. pp. 32. (Jersey City: Evening Journal Print.)

‡ "A Manual of Practical Normal Histology." By T. Mitchell Prudden, M.D. 12 mo, pp. 265. (New York: G. P. Putnam's Sons.)

* "Manual of Gynecology." By D. Berry Hart, M.D., F.R.C.P.E., and A.H. Barbour, M.A., B.Sc., M.B. 2 vols. Illustrated profusely. 8 vo. pp. 710. (New York: William Wood & Co.)

† "The Disease of Women." By Heinrich Fritsch, M. D. Translated by Isidor Furst. With 159 illustrations; 8vo. pp. 361. (New York: William Wood and Co.)

the entire American profession a work of such value, at such a moderate price, the publishers confer a lasting favor upon all readers of medical literature.

Ovarian pathology is a fruitful field which many authors have filled with varying fortunes. The names of Mathews Duncan, Grailliey Hewitt, Keith, A. R. Simpson, Wilson Fox, Goodhart, Waldeyer, Balfour, Tilt, and, in this country of Atlee, Peaslee, Emmet, Lusk, and Thomas, are familiar; but these are but a tithe of those who have worked faithfully in this department. In the year 1872, the British Medical Association awarded the Hasting gold medal to Lawson Tait for his valuable essay on this subject. This has grown, through successive editions, containing the added experience of its talented author, to a work of considerable size, the American reprint* of which has just been issued.

It is but natural that grave attention should be given to this subject, for it is wholly impossible to overestimate the importance of this gland, not only to the individual owner of it but to the community as well. Extirpate a human ovary—and it looks a most unimportant and uninteresting matter; and yet upon its proper performance of function the whole affairs of the world depend.

In regard to the much discussed point of the relation of ovulation to menstruation Dr. Tait differs from Fritsch, and Hart and Barbour, in believing that they are wholly independent of each other, and that in the monthly excitation and movement of the Fallopian tubes, we have the real source of the monthly discharge from the uterus. As a portion of his argument he says: "Ovulation goes on before puberty and after the climacteric freely. The change in size and vascularity of the tubes at puberty, and their diminu-

tation at the climacteric, and the beginning and cessation of their movement, form the most curious of all the remarkable features of those functional changes, and are quite enough to show either that the tubes are most markedly under the same periodic influence as that which produces the menstrual flow, or that they themselves are its cause. Finally, I have, during the last few years, had the opportunity of seeing the ovaries of a number of women, whose abdominal cavities I have had to open for various reasons not connected with diseased ovaries, and I have always found that during menstruation the tube is fastened on the ovary, whether there be a ripe follicle at the point of adhesion or not; that both tubes were generally fastened to their respected ovaries, though in one ovary there may have been no appearance of a ripe ovisac that I have very frequently seen an ovisac on the point of bursting, or just burst, when the patient was midway between two menstrual periods, and in these cases I have never found the tube fastened on the ovary. Finally I have removed in two cases, ovaries with the tubes fastened on them, during menstruation, in none of which were there any ovisacs approaching ripeness." In this he is, we believe, ably sustained by Balfour.

Defending ovariectomy against the unfair criticism which has been made against it he quotes Prof. Goodell, with the remark that he endorses every word which he says: "Once in a while, however, such lasting tissue-changes take place in the ovaries as no medication can reach. Now, must the unfortunate owner of these organs drag out the rest of her menstrual life burdened with the distressing ovaralgia, the crippled locomotion and with all those aches, and pains, and throbs which I have described to you? No, indeed! The source of all this mischief—the ovaries themselves—must be removed. Nor need you fear that such an operation will unsex a woman. It merely brings on,

* "The Pathology and Treatment of Diseases of the Ovaries." By Lawson Tait, F. R. C. S., illustrated, 5 vo., pp. 357. (New York, William Wood & Co.)

more abruptly than nature does, that change of life which every woman longs to reach, and which, while taking away all hope of future offspring, makes her no less a mother or a wife."

Speaking of the causes of ovarian disorder, he says: "To keep a young girl, during her first efforts of sexual development, seated upright on a music-stool, with her back unsupported, drumming vigorously at a piano for several hours, can only be detrimental. It is usually the habit of those who superintend the education of girls to make no difference whatever in their physical and mental exercises during their menstrual periods; and, at a time when the great necessity of the system is perfect rest, laborious efforts have to be made. This is most pernicious, and I have repeatedly had to trace to it the existence of serious disease."

He believes, as we do that co-education is not only morally advantageous, but also physically. "I am quite certain that great harm is done to many girls by their rigid social seclusion, in youth, from the companionship of boys. Under proper supervision, no wrong could happen from more unrestricted association of boys and girls at their critical periods; and it seems to me that it is a mischievous plan to draw wide barrier-lines between the sexes at a time when they ought to begin to understand themselves and each other."

But while he believes in co-education he does not sympathize with those who desire to educate women in exactly the same way and to the same extent as men. He admits that they may take as high honors as men, but at the expense of functional impairment, which is wholly unnecessary in the interests of human progress, and mischievous alike to themselves and to humanity.

With a candor, of which all specialists are not capable, while advocating operation for nearly all diseased states of the ovaries, he admits that the removal of these glands, is oft-times followed by dire results. "The

recovery from an ovariectomy is generally so rapid and easy that at the end of a month we say 'cured', and discharge the patient. But a number of these 'cures' die speedily of cancer of the peritoneum or of other organs, and the more our primary mortality from the operation has diminished, the more numerous have become secondary deaths from cancer, occurring between three and thirty months after the operation."

It is interesting to notice that of Dr. Tait's last one hundred ovariectomies only three have proved fatal; that he has had eighty consecutive cases with only one death; that he has removed the whole uterine appendages in ninety-one other cases, without losing a single life; that he has removed the uterus in eight cases, all successfully; and that he has performed sixty-five other operations into the abdominal cavity with only one death. It is of further interest to notice that he has abandoned Listerism, as prejudicial to his patients, and that without antiseptic treatment his success is not only greater than it was while using it, but much better than is shown by any disciple of that method.

Genial Oliver Wendell Holmes ceases to be genial when he discourses upon Homœopathy; and he never misses any opportunity to cast a slur at "that encysted wen," as he terms it. Still one may read with both pleasure and profit his medical essays* which are now gathered into a permanent and elegant form. His labored attempt to prove the falsity of Homœopathy, will deter few persons now-a-days from its study, and, leaving out this bit of old-fogyism, there is much delightful reading, worthy of the autocrat, scattered through these pages, and which every thoughtful physician, no matter by what name known, can cordially endorse. Probably nowhere in medical literature is there anything more

* *Medical Essays*. 1842-1882. By Oliver Wendell Holmes. 12mo., pp. 445. (Boston; Houghton, Mifflin & Co.)

charming than the valedictory address, entitled, "The Young Practitioner." The essays, "The Contagiousness of Puerperal Fever," and "Currents and Counter-Currents," achieved great opposition when originally published; but time has shown their strictures warranted by facts, and proved not only the courage but the acumen of the author.

Dr. Leonard's Vest-Pocket Anatomist* is, as it claims to be, a *multum in parvo*. No more conclusive evidence of its value is needed than to say that the eleventh revised edition lies before us. It is practically "Gray", condensed, but it also contains much that is not in Gray's work at all. The only improvement that we could suggest would be to bind it in flexible covers, which would somewhat enhance its value as a dissecting room companion.

The tenth annual report of the transactions of the National Eclectic Medical Association is a handsome volume,† rich with valuable papers from many of the ablest men in the Eclectic ranks. This publication is a monument to the enterprise of the Association and to the industry of its accomplished Secretary.

NOTES AND ITEMS.

When the button comes off the back of a man's shirt his choler begins to rise.

The theory of Romberg, that neuralgia is the prayer of the suffering nerve for healthy blood and more of it, is now generally received by physicians.

Dr. Bunsen, the chemist, has been elected a Foreign Associate of the French Academy of Sciences. "This dignity," says the *Medical Press*, "is one of the highest in the world, and is limited to eight names."

* *The Vest-Pocket Anatomist*. By C. Henri Leonard, A. M., M. D. 11th edition. 26 mo., pp. 82. (Detroit: The Illustrated Medical Journal Co.)

† "Transactions of the National Eclectic Medical Association." 1882-83. Edited by Alexander Wilder, M.D., Secretary. Vol. X. 8vo, pp., 535.

The following is rather equivocal: Maria Brown, wife of Timothy Brown, aged 80 years. She lived with her husband 50 years, and died in the confident hope of a better life.

The prescribing of hot water as a remedy in certain stomachic disorders is becoming quite popular, and is rendered more effective as well as palatable by the addition to each glassful of a teaspoonful of Phillip's Wheat Phosphates.

There are few preparations given to the profession during recent years that have been so highly praised as *Lactopeptine*. It has been found a most reliable agent in the treatment of impaired digestion, gastric irritability and diarrhœa.—*Canada Medical Record*.

The 9th annual convention of the Western Academy of Homœopathy will be held at Madison, Wis., June 12th, 13th and 14th. By order of Executive Committee, C. H. GOODMAN, M.D.,

General Secretary,

2619 Pine St. St. Louis, Mo.

Some men are ever ready to offer a remedy for everything. The other day we remarked to one of these animated apothecary shops: "An idea struck us yesterday"—and before we could finish he advised us: "Rub the affected part with arnica."

An English bishop querulously remarked to his servant that he was dying. "Well, my lord," said the good fellow, "you are going to a better place." "John," replied the prelate, with an air of conviction, "there's no place like old England."

Words fail to picture, with competent accuracy, the many excellencies which make the *Art Amateur*, a most distinguished representative of journalistic art. A refined taste, which is peculiarly the physicians' adjunct, finds in its pages innumerable features which must attract and render it indispensable to any who would increase the beauty of their surroundings.

The London *Lancet* says that when a man wants to sneeze and cannot, if he goes into the sunlight he will find the effect equal to that of snuff. This information must prove a great comfort to a man when an elusive sneeze seizes his nasal organ about 9 o'clock P. M. He can either make a trip to some country where the sun is shining, or defer the sneeze until the next morning.

THE AMERICAN HOMŒOPATH.

NEW YORK, JULY, 1883.

AMERICAN INSTITUTE OF HOMŒOPATHY.

The fortieth anniversary of the American Institute of Homœopathy was celebrated at Niagara Falls on June 19 and the three days succeeding. About two hundred members were present at the opening Session, one hundred of these being veterans. The Sessions were held in one of the large parlors of the International Hotel, a stage being erected at one end of the room for the accommodation of the officers of the Society. Beside the delegates, many of whom were ladies, there were many other ladies present, the wives and daughters of members.

President James called the meeting to order at 10.50 A. M., prayer being offered by Rev. Mr. Rosenmuller, rector of St. Peter's, Niagara. The report of the Bureau of Registration shows, that while there were delegates present from every State, yet by far the largest number were from Massachusetts, New York, Pennsylvania, Ohio, and Illinois.

WORK OF THE MORNING SESSION.

The first and most interesting feature of the morning meeting was the address of President Bushrod W. James, of Philadelphia. Dr. James is a pleasant and forcible speaker, and his speech of an hour's duration was replete with bright and sensible things. He began by alluding to the necessity of following out the time-honored plan of presenting to the Institute at its annual session a resumé of the year's struggles and triumphs in the field of applied homœopathy. After briefly adverting to the record of the school since Hahnemann's day, a statement of the work that the Institute represented was given. A glance to the West, South, and East found the capacity of hospitals and colleges increased, and the standard of medical education raised. The organization of a female medical

society in Chicago recalled the days when women knocked in vain for admission at the door of the Institute. "To-day," said the speaker, "I have the pleasure of greeting our medical sisters by the score." The duty resting on the profession to help on investigation and discovery was touched upon, and the members were urged to work while the time for work was given them. Then the President spoke lovingly of members who had gone on to be with the Great Physician.

Passing on to suggestions and topics for consideration, some changes were recommended by the President in the present system of Bureau reports, and a suggestion made that a depository for the archives of the Institute be established. The speaker congratulated the members on the increased interest that was being taken in commemorating the birth of Hahnemann, and hoped that all societies, local and otherwise, would make the 10th of April their greatest festival. The Institute was urged to co-operate with the British Association in the revision of the materia medica now in progress. The social and scientific success with which Homœopathic workers everywhere were meeting was fittingly alluded to, and then Dr. James passed on to the future. He predicted the ultimate obliteration of all school lines, and that *similia similibus curantur* was the watchword for victory. Homœopaths were declared to have no personal interest in the triangular fight—between the old code, modified code, and no code at all—now going on in the old school camp.

"At first we were called 'quacks and charlatans,' then 'irregulars,' now simply 'sectarians,'" he said. "There is no room for quackery in our system; it is based on scientific laws, and we stand ready for a fair test of the rival systems side by side. Why prattle of codes and ethics? Consultation between the schools is constantly and openly going on."

The statement was made that in most of the larger cities of the country—including Buffalo—the Dr. added, that one-third of the taxable property was owned by persons employing homœopathic physicians. "When the other side have settled their code differences, we can shake hands with them on the ground of codeless manliness." The speaker was several times applauded, and on concluding received a unanimous vote of thanks.

A committee composed of Drs. J. P. Dake of Nashville, J. T. Talbot of Boston, and J. S. Mitchell, of Chicago was appointed to consider the recommendations contained in the address.

Under the head of reports Dr. J. C. Burgher, chairman of the Publication Committee, reported that 5000 copies of the president's address of last year had been purchased and distributed. The report was accepted. Reading of the treasurer's report was deferred. The Chair appointed as an auditing committee D. S. Smith of Chicago, F. H. Orme of Atlanta, and P. G. Valentine of St. Louis. The Necrologist, Dr. H. D. Paine of New York, reported the death since the last report of twelve members, seven of them being Seniors, the oldest eighty-eight and the youngest forty-two years of age.

The report of the Bureau of Organization, Registration, and Statistics was read by Dr. I. T. Talbot, the chairman. It gave the number of State societies at 27, of which 21 held charters, and with a membership of 2,180; 107 local societies, composed of 2,660 members; 30 general hospitals erected at a cost of nearly \$2,000,000; 47 dispensaries, 21 of which report 60,628 patients; 19 medical journals, and 11 colleges, with 6,000 alumni. There are 7,400 homœopaths in the United States, no less than 3,000 of which are not members of any reporting society. A letter from Dr. Charles Mohr of Philadelphia, accompanying the report on dispensaries, was read. The statistics on this subject are very incomplete, fully one half of the institutions not

having reported. He stated the difficulty in securing reports of dispensaries was enormous and New York was the worst place of all! The report was referred to the Committee on Publication, and Dr. Talbot was reappointed chairman of the Bureau. There being some unoccupied time before dinner, the order of verbal reports from delegates, which had been set down for the afternoon, was called for. Under the head of state societies the following medical gentlemen presented reports from their various sections. P. G. Valentine of St. Louis, editor of the *Clinical Review*; Henry E. Spalding of Hingham, Mass.; D. S. Smith, Chicago; Henry E. Stone, New Haven; H. E. Beebe, Sidney, O.; H. C. Allen, Ann Arbor, Mich., editor of the *Medical Advance*; J. A. Compton, Indianapolis; Milton S. Briry, Bath, Me.; Pemberton Dudley, of the *Hahnemannian Monthly*, Phil; I. T. Talbot, Boston; J. P. Wilson, Dean of the Homœopathic Department of the University of Michigan, Ann Arbor, and an honorary member of the Kansas society. Under the head of local societies, hospitals, clubs, and asylums reports were presented: Egbert Guernsey, editor *New York Medical Times*, spoke of Ward's Island Asylum; William Tod Helmut of the New York Hahnemann Hospital; J. S. Mitchell, Chicago, of the Cook County Hospital; S. P. Hedges, Chicago, of the State Penitentiary at Joliet; T. F. Allen of the New York Ophthalmic Hospital; J. P. Wilson and E. C. Franklin of Ann Arbor; E. B. Holt of the Lowell (Mass.) Hahnemann Society; D. H. Beckwith and N. Schneider, Cleveland, of the Huron street Hospital, Cleveland; W. L. Jackson, Hughes Medical Club, Boston; D. S. Smith, Hahnemann Society, Chicago; J. H. McCollum, Pittsburg Hospital and Dispensary; David S. Foss, Newburyport, Mass., of the Essex County Medical Society; C. G. Higbee, St. Paul, Minn.; L. A. Phillips of the Massachusetts Society of Surgery and

Gynæcology, Boston; and P. Dudley of the Children's Hospital of Philadelphia.

At the conclusion of the reports, Dr. Wright of Buffalo stated what arrangements had been made for sight-seeing, and an adjournment was taken until 3 o'clock.

AFTERNOON MEETING.

When the members came together after dinner, the work of the "Bureau of Materia Medica and Provings" was at once taken up. Dr. J. P. Dake presenting the following synopsis of the papers.

The intention of this bureau was to obtain the views of experienced authorities as to the feasibility of abbreviating or condensing our display of drug effects. Of the papers presented two, Drs. J. W. Hayward Liverpool Eng. and T. F. Allen, were of the opinion that barely nothing could be eliminated, the former thought there should be two different displays of drug effects, one for students the other for practitioners, the first containing original reports of all known provings, experiments and poisonings with each drug, and other the same tabled under the organs in which they have appeared. Dr. Allen said that his most sincere efforts has resulted in the expunging of less than one of the hundreds given in his "Materia Medica"; these expressions were in direct contradiction to the intention of the bureau and at variance with the ideas of others quoted. Dr. Dake said, there are many symptoms many times repeated and again genuine drug symptoms are not of equal value and when by much scrutiny and comparison we are able to distinguish those of *greatest value* we arrive at the *characteristic* and *essential*. Upon the uniformity of drug effects depends the whole fabric of Homœopathy.

Dr. E. A. Farrington's conclusions were:

1. The official name of each drug, its place in natural history and composition.

2. A concise statement of such

characteristic figures as are nearly or quite universal in its symptomatology.

3. A clear, compact arrangement of symptoms, objective and subjective.

Dr. A. W. Woodward opened his paper with a case, illustrating the need of a connected statement of effects in the display of each drug, and advocates a knowledge of what he terms "natural evolution" of symptoms, and would have the similia apply especially to the sufferings of the first organ or organs disturbed and to all symptoms in the *order of their development*. The succession of organic disturbances obtained by provings made by a single dose present two similarities viz., that the first few organs disturbed by the drug are identical with the associated organs chiefly involved in acute diseases for which that drug is especially curative and second that the order in which those symptoms are developed points to the conditions governing its successful use in chronic diseases *i.e.* they must in their history exhibit the same succession of organic ailments *seriatim*.

Dr. C. Wesselhoef suggested in his paper. 1. To state, as nearly as may be, in narrative form the effects of each drug in as exact an order of occurrence of each symptom as careful study and analysis can render it.

2. An arrangement, in anatomical order of parts of all symptoms in a condensed form, also derived from all original sources and arranged so as to state first, all generalities of reactions; secondly the locality of general region, thirdly time of occurrence of each, fourth condition under which they occur, embracing particularly conditions aggravation and of improvement.

Drs. T. Cigliano of Naples Italy, Drs. H. R. Condt, Wm. Owens, and L. Sherman offered concordant views.

Dr. J. P. Jousset of Paris, France, was unable to respond, as he is writing a large work. T. F. Allen, of New York, presented printed copies of a pamphlet of some twenty-

five pages as a sample of the revision which he is making of his work. Asa S. Couch of Fredonia, N. Y.; A. W. Woodward of Chicago; H. C. Allen, Ann Arbor; Wm. Owens, Cincinnati; S. Lilienthal, New York, and N. W. Butler of Montclair, N. J., discussed the report. It was referred to the Publication Committee. Dr. Dake was reappointed chairman for the ensuing year.

The Bureau of Pharmacology had assigned no subject for discussion and the chairman, Dr. H. W. Taylor of Terre Haute, Ind., was not present. Dr. C. Wesselhœft of Boston, one of the Bureau, was called on, and spoke for some time on the necessity for improved methods in the compounding of drugs, and of a new theory as to the solubility of glass. A free discussion followed, participated in by J. E. Smith, Cleveland; T. F. Allen, New York; W. K. Hawkes, Chicago; H. C. Allen, Ann Arbor; P. Dudley, Philadelphia; J. P. Dake, Nashville; G. P. Peck, Providence; M. H. Walters, Terre Haute, Ind.; W. Y. Cowl, New York; T. C. Duncan, Chicago; W. Owens, Cincinnati; and J. S. Mitchell, Chicago.

Dr. Pemberton Dudley, of the Committee on Medical Literature read a paper severely scathing certain medical works and journals, and suggesting as a remedy for ungrammatical, loosely-constructed, and superficial literary efforts the boycotting of all such by the profession.

On motion the time for opening the morning sessions was changed from ten o'clock to half past nine.

The chairman of the board of censors, Dr. F. R. McManus, presented his report, which included applications for membership to the institute by Chas. L. Cleveland, Cleveland; Ewing N. Howard, Camden N. J.; James W. Ward, New York; T. Wilson Dodge, Silver Creek, N. Y.; W. D. McGill, Buffalo; H. H. Reed, Halifax, N. S.; J. R. Homer, Pittsburg; E. D. Curtis, Woodland, Cal.; F. A. Bishop, Hannibal, Mo.; B. S. Keaton, Asbury Park, N. J.; C. Leeds, Chelsea,

Mass.; D. G. Wilcox, Akron, O.; J. Stevens Renninger, Minneola, Minn.; N. W. Manahan, Atlanta, Ga.; J. H. Euloe, Rome, Ga.; E. C. Quinby, Titusville; M. Kingsley, Painesville, O.; P. G. Schley, Atlanta, Ga.; C. Griswold, St. Paul, Minn.; B. E. Briggs, Carrick, Pa.; W. Y. Cowle, New York, and J. T. Ridge, Philadelphia. On motion the gentlemen named were elected.

Dr. W. L. Breyfogle of Louisville was appointed chairman of the bureau of Pharmacology for the ensuing year.

Dr. Pemberton Dudley of Philadelphia followed with the report of the committee on medical literature, which was referred to the publication committee,

Adjourned till 8 o'clock P. M.

EVENING SESSION.

A series of interesting papers were offered at the evening session by the Bureau of Clinical Medicine—J. Sidney Mitchell, M. D., of Chicago, Chairman—on "Malarial Fevers."

Prof. J. W. Dowling of New York City discussed the causes relating to place and instanced many new facts and theories.

Dr. J. W. Dake of Nashville read an able paper, taken the ground that new settlers and those whose systems were unused to the poison would be sooner attacked and more violently.

Dr. E. A. Farrington's resume of the remote effect of malaria on the system was read by title.

Dr. J. Sidney Mitchell discussed the relation of Malaria to consumption and pneumonia, and gave his opinion that there was no specific effect due to malaria in causing those diseases. He showed from United States mortality statistics that while deaths from malaria fevers diminished those from phthisis increased; that post-mortems in deaths from fevers showed few signs of lung trouble, and that the determination of disease to the lungs was exceptional. That where the malarial fevers were most deadly there pneumonia was rare;

that frost killed fevers and increased pneumonia.

Dr. H. C. Allen of Ann Arbor gave an exhaustive review of the treatment of intermittents with special indications for *Mur.*

Dr. L. A. Falligant of Savannah (read by the chairman), took the ground that quinine in crude doses was often necessary, especially in congestive fevers.

Dr. Anna Warren, of Emporia, Kan., gave some original observations upon the effect of malaria upon women, stating that it sometimes caused uterine and bladder troubles.

Dr. S. Lillienthal of New York City detailed instances of diseases of the nervous system resulting from malaria.

Dr. R. B. Johnson of Ravenna, O., paper read by title.

An animated discussion followed, and the day's work was pleasantly closed up with a musicale.

SECOND DAY.

The second day's meeting of the American Institute of Homœopathy was characterized by the same interest and good-fellowship which gave such a signal impetus to the initial meeting on Tuesday. The special report by Prof. J. Edwards Smith of Cleveland, was the most noteworthy feature of the day's work. His "Remarks and Suggestions concerning certain Homœopathic Preparations," was in fact a tremendous exposure of alleged frauds practiced by some pharmacists upon the medical profession and the general public. Prof. Smith has done a splendid service for the year past, and was authorized to continue the good work a subscription of 300.00 being raised for the purpose. A large number of delegates arrived on yesterday's trains. Making the attendance on the third day considerably over three hundred.

MORNING SESSION.

Promptly at 9.30 President James

brought down the gavel. Dr. Henry D. Paine of New-York was announced as Necrologist for the coming year, and Dr. J. H. McClelland of Pittsburg, as Chairman of the Bureau of Education. The former is a reappointment.

Treasurer E. M. Kellogg of New-York City read his annual report. The receipts were given at \$3,938.50; disbursements \$3,927.19, including a deficiency of \$928.09 from last year. The balance in the treasury is \$11.35.

Under the head of general business Dr. J. P. Dake of Nashville offered as amendments to the by-laws, that article 7, section 2, be altered to read "seven" instead of "five"; that in section 3 of the same article, the words "their respective fields" shall be changed to read "its field" and the word "their" to "its", and the word "subjects" to "subject." On motion adopted.

Dr. T. M. Strong of the committee on Foreign Correspondence, reported that during the year a large number of letters of inquiry had been addressed to prominent physicians of the school of Europe, South America, India, Mexico, ect. The answers received showed an advancing prosperity in England, South America, and Portugal, official opposition in Russia and Sweden, and the cause at a standstill in Switzerland and Belgium. Italy is hopeful, and from Austria and Germany but little has been heard. The report was referred to the Committee on Publication. Later in the session Dr. Strong was reappointed chairman of the committee.

The President announced that he had received letters from Dr. A. Claude of Paris, France; Dr. A. Gerstel of Vienna, Austria; Dr. T. Cigliano of Naples, Italy; Dr. Alfred C. Pope of London, England; Dr. Richard Hughes of Brighton, England; J. W. Hayward of Liverpool, England; and other foreign members, beside handfuls of letters and telegrams from members all over this country, expressing regrets at not being able to be present, and extending congrat-

ulations and expressing good wishes for the success of the session.

Drs. C. Wesselhœft of Boston and L. H. Willard of Allegheny City were appointed to act in conjunction with Dr. J. H. McClelland of Pittsburg as a Committee on disputed matters connected with the alleged membership of Mrs. Dr. E. G. Cook of Chicago.

The work of the Bureau of Obstetrics was taken up. The chairman, Dr. Walker of Germantown, led the discussion, the special subject being "Complications of Gestation." Papers read by George B. Peck, Providence; R. M. Foster, Chicago; L. C. Grosvenor, Chicago; Louis L. Danforth, New York; C. Van Artsdalen, Ashbourne, Pa.; C. G. Higbee, St. Paul, J. C. Sanders, Cleveland.

The papers excited keen interest in the vigorous debate which they provoked the following gentlemen took part; L. C. Grosvenor, Chicago; B. F. Dake, Pittsburg; John E. Gilman, Chicago; M. S. Briry, Bath, Me.; A. A. Whipple, Quincy, Ill.; J. C. Morgan, Philadelphia; R. Ludlam, Chicago; and M. M. Walker, Germantown.

The Bureau of Microscopy and Histology announced itself as ready to report. The treatise on the "Solubility of Glass," by Dr. Conrad Wesselhœft of Boston, which had been prepared under the direction of this bureau, was read on Tuesday afternoon to fill up a gap. The Doctor, however, had prepared, and, on request, read a notable contribution on "Bacteria," from the pen of the distinguished savant, Dr. Albert Haupt of Chemnitz, Saxony. The dissertation dealt rather roughly with Dr. Gregg's theory of fibrillæ. There was a marked diversity of sentiment on the intrinsic originality of the paper, some members characterizing it as elementary, and thought time wasted in listening to its reading, while other delegates declared it to be of great pith and moment, and urged the reader to give it in full.

Two members of the Bureau had been assigned for "Remarks and

Suggestions Concerning Certain Homœopathic Preparations." Chairman J. Edwards Smith of Cleveland read the contribution from Dr. W. A. Edwards of St. Louis, and then submitted a report of his own year's research in this field reading extracts from his report of seventy-three pages, the reading calling forth frequent requests for details on interesting points. The interest aroused was so great that on the expiration of Prof. Smith's allotted time it was unanimously resolved that he be allowed to go on, and the session was extended to that end. His humorous exposure of the adulterations practiced by certain pharmacists brought out shouts of laughter and prolonged applause. The Doctor gave a list of pharmacists and the results of many analyses. Despite the hearty appreciation of the ludicrous side of the subject, it was evidently regarded as a very serious one and astonishment was, after all, the predominant feeling.

The gist of the paper was that China cannot be obtained higher than 6th, as the sugar always contains sufficient iron to counteract it. Nor Silicia higher than 6th as sugar always contains more than enough therefor. Analyses of some of Fincke's 100,000, found enough of the drug for the 3rd of same. Analyses of low protencies also found great discrepancies from the label. The foreign matter in sugar of milk varied from 2% to 17%, latter was Hurlburts and labeled "absolutely pure."

The following table shows the amount of ash in millegrammes obtained from the grammes of sugar of milk from the several dealers named:

Horsey & Bros., Chicago.....	4.18
Gray & Co., Boston.....	4.30
H. C. Gaylord, Cleveland.....	6.00
Bericke & Tafel, Philadelphia.	2.00
Worthington, Cincinnati.....	3.40
L. H. Witte, Cleveland.....	1.40
Smith, Cincinnati.....	2.10
Luyties.....	3.60
Epps, London, Eng.....	2.07

Smith, New York..... 1.50
 Duncan Bros., Chicago..... 2.20
 Munson & Co..... 2.60
 Gross & Dellridge..... 5.30
 Hurlburt, New York..... 17.00

These showings are the most favorable that have been obtained from several analyses. A Philadelphia pharmacy published an analysis recently, which purported on the one hand to represent their sugar as "absolutely pure," while on the other hand the analyst obtained ash enough to try half a dozen subsidiary analyses.

Sugar of milk being $C_{12} H_{24} O_{12}$, should give no ash after incineration at full red heat.

A paper by a non-member of the Institute—Prof. M. B. Wood of Cleveland—on the same subject, was allowed to go to the Publication Committee as part of the report.

When Prof. Smith left the platform Dr. T. P. Wilson of Ann Arbor stepped forward and in eloquent words paid a glowing tribute to Profs. Smith and Wood, and offered to head a subscription list that their work of investigating homeopathic preparations might be continued this year. He concluded by moving that the Institute lose no time in electing Prof. Wood as an honorary associate member. In an instant a dozen members were on their feet struggling for the honor of seconding the motion. It was carried with a thunder of ayes. Then the contributions to the investigation fund began to pour in. Prof. Smith was directed to continue his labors.

It was decided that the discussion on Bacteria be reopened. Dr. Wesselhoëft resumed the reading of, and at the same time enlarged upon, Prof. Haupt's treatise. When he closed, Dr. R. R. Gregg of Buffalo was given five minutes in which to defend some of his theories which had been assailed by the paper.

AFTERNOON MEETING.

The first report was that of the Bureau of Ophthalmology, Otology, and Laryngology by Dr. J. A. Campbell of St. Louis.

An animated and practical address on abscesses of the eye and improved methods of treatment therefor was made by Dr. George S. Norton of New York, answering the enquiry, "Can Glaucoma be Cured without Operation?"

Dr. D. J. McGuire treated "The Relation of the Diseases of the Choroid and Optic Nerves to Diseases of the Sexual Organs."

The Chairman read a two-minute synopsis of an article on "Iritis," by Dr. G. C. McDermott of Cincinnati, as follows; 1. That in Atropia we have a ready means of not only diagnosing but in the treatment of iritis. 2. That the first object to be accomplished is to produce by means of a solution of Atropia, full and complete dilatation of the pupil. 3. That in the local use of Atropia we have the most essential means in assisting in the curing of the disease.

Dr. C. B. Currier's (of San Francisco,) paper on "Nasal Polypi" went to the Committee on Publication without being read.

A paper which possessed great practical worth was that of Dr. F. Park Lewis of Buffalo on "Direct Causes of Deaf-Mutism." This paper gives in brief the results of a careful examination of the clinical histories of 144 deaf-mutes, noting at the same time the present condition of the auditory apparatus with a view of determining as far as might be the direct cause of the loss of hearing. The wider study of the influence of certain occult causes, and more especially dyscrasia and parental consanguinity, were reserved for future consideration.

The following is a synopsis of the result of examinations by Dr. Lewis:

<i>Diseases or Condition.</i>	<i>Boys.</i>	<i>Girls.</i>	<i>Total.</i>	<i>Perc. cent. about.</i>
Cerebro Spinal Meningitis.....	21	19	40	27.8
Scarlet Fever.....	10	8	18	12.5
Central Trouble.....	6	2	8	5.5
Syphilis.....	7	0	7	4.8
Typhoid Fever.....	0	2	2	1.39
Measles.....	0	2	2	1.39
Gradual in Childhood.....	1	1	2	1.37
Intermittent Fever.....	0	1	1	.7
Indefinite.....	15	10	25	17.5
Dumb (not deaf) from fall.....	0	1	1	.7
Congenital.....	22	16	38	26.4
Total ..	82	62	144	—

Dr. C. H. Vilas of Chicago offered his contribution under the head of "Abuses of the Politzer Method of Inflation."

The Chairman spoke of "Spots Before the Eyes."

The Bureau's report was amplified and discussed by Drs. Norton, Lewis, McGuire, Couch of Fredonia, Lilienthal of New York, Vilas, Ludlam of Chicago, Campbell and Morgan of Philadelphia. This closed the discussion.

Dr. D. J. McGuire was appointed Chairman of the Bureau for the coming year, with power to select his associates.

Next in order was the presentation of synopses of the papers of the Bureau of Gynæcology by Dr. O. S. Runnells of Indianapolis. The following papers were read by title and referred: "Observations on Diagnosis in Uterine Diseases," by Dr. H. Minton of Brooklyn, editor *Homœopathic Journal of Obstetrics*; "Subinvolution of the Uterus," by Dr. R. C. Allen of Philadelphia. The treatise on "Coccygodynia and the Operations for the Removal of the Coccyx," by Dr. S. S. Lungren of Toledo, was next read followed by a contribution on "Dysmenorrhœa" by Dr. W. H. Bigler of Philadelphia.

The essay of Dr. S. P. Hedges of Chicago on "Results in Dilatation of Cervix Uteri with Metallic Dilators" proved interesting.

The chairman's statement of the general subject, "Pelvic Cellulitis" was one of the most timely papers of the Session in the manly way in which it laid bare and denounced some of the crying evils in the treatment of this condition. It was far more than a mere surgical analysis of the subject matter.

"Dysmenorrhœa" was next discussed by Drs. R. N. Foster of Chicago; L. A. Philips of Boston; J. C. Morgan of New York; A. S. Couch, Fredonia; S. P. Hedges, Chicago; J. D. Buck, Cincinnati; O. S. Runnells, Indianapolis. Dr. S. S. Lungren of

Toledo will have charge of the bureau for the next year.

The Board of Censors reported the following names for membership: William Boericke, San Francisco; Belle L. Reynolds, Chicago; Augustus K. Crawford, Chicago; Ezra B. Cole, Michigan City, Ind.; James E. Slaughter, Hamilton, N. Y.; George A. Ross, Fort Wayne, Ind.; Leslie Martin, Lysander, N. Y.; M. Dillon, New York; Directus DeForest Cole, Morrisville, N. Y.; Francis D. Ormes, Jamestown, N. Y.; Charles A. Walsh, Detroit, Mich.; A. W. Reddish, Sidney, O.; Seymour A. Johnson, Kalkaska, Mich.; John H. Carmichael, Boston; Judson L. Beck, East Weymouth, Mass.; C. G. Abbott, Woodberry, N. J.; D. B. Stumpf, Buffalo; James E. Gross, Chicago; John Hoyt, Chillicothe, O.

The report was accepted and the names enrolled.

The President announced the receipt of a very interesting communication from Shoshee Bhooseen Mookerjee of Calcutta, India, announcing the establishment of a school of homœopathy in that city.

IN THE EVENING.

The programme for the evening meeting included the report of the Bureau of Surgery, the reunion of the "Seniors," and the musicale and promenade concerts, with which the day closed. As usual the business session came to order promptly at the appointed hour, and the programme prepared by the chairman was gone through with.

General Subject—Antiseptic Surgery—Definition and Historic Mention—J. H. McClelland, M. D., Chairman.

The Principles of Antisepsis—L. H. Willard, M. D.

The Antiseptic Method Described—J. E. James, M. D.

The Antiseptic Method as Modified in Germany—C. M. Thomas, M. D.

Distinctive Qualities of Various Antiseptic Agents—W. L. Jackson, M. D.

The Best Ligatures and Best Method of Application—M. O. Terry, M. D.

The Value and Best Means of Drainage—N. Schneider, M. D.

Toxæmic Results Following Antiseptic Treatment—I. T. Talbot, M. D.

Experience with Iodoform versus Carbolic Acid—H. J. Ostrom, M. D.

The Antiseptic Method in Abscesses, Ulcers, and Morbid Growths—G. A. Hall, M. D.

The Antiseptic Method in Wounds and Compound Fractures—D. W. Hartshorn, M. D.

The Non-Antiseptic Treatment in Wounds—E. C. Franklin, M. D.

The Present Status of Antiseptic Surgery—W. Tod Helmuth, M. D.

Fracture of the Cranium—W. D. Foster, Kansas City, Mo.

The question of "septics or antiseptics" is one that will not*down. In every homœopathic gathering issue is joined upon it, and the end is not yet. Last evening's contributions to the literature of the controversy were valuable. Notable indeed was the argument of William Tod Helmuth of New York on the side of the antiseptics.

Then came the time of the "Seniors," about one hundred being present. The rites and ceremonies of the craft have never yet seen the light, so nothing need be said of the manner in which the gentlemen initiated last evening earned their spurs. The memories of the seven "Seniors" who had during the year "passed from labor to refreshing" were commemorated in a special service.

THIRD DAY.

Before the regular session was called some of the enthusiasts on Gynæcology held a meeting for the special discussion of papers presented Wednesday morning. The debate was participated in by Drs. R. Ludlam of Chicago, A. R. Hills, of New York F. L. Brown of Binghamton Cornelius Orme of Jamestown, M. H. Waters of Terre Haute, Philip J.

Porter of Detroit, William J. Hawks of Chicago, O. G. Ross, of Revere, Mass., Maurice J. Chase of Galesburg, Ill., and L. A. Phillips of Boston. The special topic for consideration was Dysmenorrhœa.

When the gynæcologists had retired a small number of delegates inaugurated a general business session, President James in the chair. Dr. D. S. Smith of Chicago, Chairman of the Auditing Committee, reported that the Treasurer's accounts had been examined and found correct. Dr. L. H. Willard of Allegheny City was then called to the chair. The report of the special committee on President's Address was presented by Dr. J. P. Dake, chairman.

A debate resulted on some of the resolutions which the committee had prepared respecting the recommendations contained in the address. The resolution which called forth the principal opposition was that making the Provisional Secretary a salaried officer, placing him out of the control of the General Secretary, and making him responsible for certain portions of the work of the Secretary's department. It was carried. The recommendations as finally approved by the meeting were: (1) That the Executive Committee be requested to report a suitable plan for establishing a depository for the archives. (2) That the same committee report on the feasibility of publishing the papers and transactions in four bimonthly numbers. (3) That no member be placed on more than one bureau in the same year.

The resolution offered by Dr. I. F. Talbot of Boston to re-establish the Intercollegiate Committee, to be composed of two delegates from each American homœopathic college, was carried.

Dr. Pemberton Dudley read a communication from Dr. Charles Mohr of Philadelphia, the chairman of a special committee appointed to supervise the preparation of the article "Homœopathy" in Stoddart's forthcoming edition of the Encyclo-

pedia Britannica. The article will not be completed for some months to come. The Bureau of Surgery was granted the privilege of continuing the debate begun last evening on "Antiseptics." The subject was ably handled by an array of surgeons from all parts of the country. There was by no means a unanimous sentiment animating the earnest debators. Dr. James H. McClelland of Pittsburg led off what a brief enquiry into the history of the method and a criticism upon the terms employed by many. The principles were presented in a brief paper by Dr. L. H. Willard, taking strong ground in favor of the theory that putrefaction is due to germs or particles which float in the air, and the sole object of the specific measures is to destroy and exclude these. The details of the method were set forth concisely by Dr. J. E. James of Philadelphia.

A paper by Dr. C. M. Thomas of Chicago discussed the method as practiced in Germany. The use of iodoform was particularly dwelt upon and the great success of famous Germans was made known. Germany is a great center for extreme antiseptic methods. The special qualities of antiseptic agents was discussed by Dr. W. L. Jackson of Boston, who presented the results of prolonged original researches. Dr. M. O. Terry of Utica, told of the ligatures best adapted to secure the ends in view, and Dr. N. Schneider of Cleveland discussed the value of drainage, and suggested the probability that perfect drainage was the most important element in the whole system.

The poisonous effects experienced and to be feared from the use of antiseptic agents were thoroughly discussed by Dr. I. T. Talbot of Boston, who concluded finally that the careful use of well-known antiseptics was not to be feared.

The virtues of iodoform were written of by Dr. H. I. Ostrom of New York, who was of the opinion that the special field for this drug was in bone diseases.

Dr. George A. Hall of Chicago gave an account of this method in the treatment of abscesses, ulcers, and morbid growths, claiming excellent results. Dr. Hartshorn of Cincinnati also advocated this method in the treatment of compound fractures. On the other hand, Dr. E. C. Franklin of Ann Arbor University took strong grounds against the method, arguing that the claims so extravagantly set forth were chimerical. A comparison of the results obtained by Dr. C. E. Walton of Ohio, however, showed amazingly in favor of the system, especially as practiced in Germany.

The closing paper by Dr. Wm. Tod Helmuth of New York was a guarded endorsement of the system. This valuable paper was warmly received and represented the present status of the method. He expressed a strong doubt as to the efficiency of living germs in the production of putrefaction.

In the discussion that followed a strong feeling was manifested in favor of thorough antiseptic measures in all important surgical measures, especially when the joints and large cavities of the body are opened.

Dr. F. R. McManus, the aged chairman of the Board of Censors, and who has by the way held the position for the forty years of the Institute's existence, turned in the daily lot of applications for membership. The names as presented and passed upon were Amelia Burroughs, Omaha, Neb.; Ira Smith Bradner, Middletown N. Y.; J. Clinton Drake Erie, Pa.; James Ward, Haverhill, Mass.; Anson Parsons, Springboro, Pa.; John M. Crawford, Cincinnati.

The first regular bureau of the morning meeting—Pædology—was called on. Dr. F. H. Orme of Atlanta, Ga., opened the discussion. Brief synopses were presented of the productions entitled: "Affections of the stomach and bowels from irritating substances swallowed or improper food reflected upon the nervous system," by Dr. B. F. Dake, Nashville,

Tenn., and "Tubercular meningitis and alimentary disturbances connected therewith, by Dr. S. P. Hedges, Chicago. Other papers synopsised by the chairman were: "Atmospheric influences affecting the nervous and alimentary systems," by Dr. A. H. Carville of Somerville, Mass. The chairman closed the reading with a general resume of the special subject. "Relationship of cerebral disturbances to disorders of the alimentary canal." The debate was led by Drs. D. H. Beckwith, Cleveland, T. C. Duncan, Chicago, and Pemberton Dudley, Philadelphia.

SPECIAL BUSINESS.

The hour of noon having arrived, the discussion of papers was closed, and the special order of business appointed for Thursday at 12 M. was taken up. This was the election of officers for 1884 and the selection of a place and time for the next meeting. The great mass of doctors who had been lobbying in the corridors now poured in, filling the room to overflowing. It was quickly decided to leave the question of time of the next meeting with the executive committee.

The number of places named and the determination displayed by the rival claimants made the struggle an exciting one. The fight narrowed down to Old Point Comfort, Va.; Savannah, Ga.; Deer Park, Md.; Nantasket Beach, Mass.; and Lake Minnetonka, Minn., with Deer Park apparently leading. Each place was voted upon separately in the order named. The friends of Deer Park won an easy victory. It was not finally settled without calling out considerable dissatisfaction—some of the doctors frankly speaking out in meeting—but these were in a hopeless minority.

O. S. Runnells, Indianapolis; J. C. Sanders, Cleveland, and George A. Hall, Chicago, were nominated for the Presidency.

The first ballot stood—Runnells 49, Sanders 50, Hall 37.

As a plurality of sixty-nine was necessary to a choice, a second ballot was ordered. Dr. Hall withdrew from the field. It stood—Runnells 59, Sanders 69.

The election of Dr. Sanders was made unanimous.

The President-elect was called for, and stepping to the front, briefly expressed his gratitude.

For Vice-President the nominees were—A. I. Sawyer, Monroe, Mich.; A. R. Wright, Buffalo, N. Y.; Timothy F. Allen of New York. Drs. Wright and Sawyer withdrew in favor of Dr. Allen, and the latter was declared the choice of the convention.

General-Secretary J. C. Burgher of Pittsburg; Provisional-Secretary T. M. Strong of New York; and Treasurer E. M. Kellogg of New York were unanimously re-elected. These three gentlemen have efficiently filled their respective positions from time to time which the memory of homœopath runneth not to the contrary.

The Board of Censors was filled as follows without dissent: F. R. McManus, Baltimore; A. R. Wright, Buffalo; F. H. Orme, Atlanta, Ga.; R. B. Rush, Salem, O; D. S. Smith, Chicago.

Chairman of bureaus were appointed: Surgery—Dr. George A. Hall, Chicago; Pædology—Dr. C. H. Lawton, Wilmington, Del.

The morning session had already stretched out to two o'clock, but no adjournment was had—the President announcing that the state of the work marked out would permit an intermission for the rest of the day, if bureau discussion was continued then. The remaining bureau of the day—Anatomy. Physiology, and Pathology—then reported, after which Chairman William Owens of Cincinnati summarized the arguments in a well written paper. Prof. Owen's subject was the "Nerves of Organic Life." The paper commenced by explaining that he used the terms "nerves of organic life" instead of sympathetic, etc., because it was more appropriate, being common

to all life. He proceeded to quote Sticker, Owen and Tuckett to show that a differential relation between the primitive structure from which the vegetable and animal organizations were developed could not be shown. That all were derived from the primitive cell and were subject to the same physiological law. That no organism could live a day without innervation and the performance of certain functions, such as nutrition, circulation, respiration, secretion, and reproduction.

He quoted a number of authorities to show that in vegetables and the lower order of animals where no nervous apparatus could be discovered by the highest powers of the microscope. All of the evidences of nerve presence were clearly demonstrated by the application of nerve poisons and anesthetics, which affected them in a manner precisely similar to that of higher animals and man. The paper then discussed the comparative anatomy of the nerves of organic life, and showed that there is a similarity of structure as well as of function in these nerves, and the only difference between the lower order of animals and the higher, including man, consists of the location of the main nervous cords. They were found within the body and along the belly of the animal, while in the higher orders, including man, they were found inside lying on either side of the spinal column.

The convention was then declared adjourned. The members thus securing their first holiday of the session. The remainder of the afternoon was spent in visiting the attractions in the vicinity of the falls, and in renewing old acquaintanceships.

THE BANQUET.

The annual banquet of the Institute was held in the handsomely-decorated dining-hall of the International. A large number sat down. The music was furnished by the 74th Regiment Band of Buffalo.

Dr. T. P. Wilson of Ann Arbor

was toast-master. The following were the formal toasts and responses:

To the memory of Samuel Hahnemann—all ages shall bless it. A libation.

To the memory of the many noble dead, whose lives and labors are our richest legacies. Response by Dr. Geo. B. Peck of Rhode Island.

The American Institute of Homœopathy—past, present, and future. Response by Bushrod W. James, M. D., Philadelphia.

The Physician—wise, conservative, progressive. Response by J. C. Sanders, M. D., Cleveland, O.

The Surgeon—cautious, fearless and successful. Response by William Tod Helmuth, M. D., New York.

The College Professor—The only man in the world who is in every sense a "Doctor." Response by Ruben Ludlam, M. D., of Chicago.

The New Code vs. the Old—Will ancient bottles hold new wine? Response by J. W. Dowling, M. D., New York.

The Homœopathic School of Medicine—anchored, drifting, sailing. Response by J. H. McClelland, M. D., Pittsburg.

The Pulpit, the Press, and the School—the trinity of human civilization. Response by the Rev. Mr. Rosenmuller in behalf of the Pulpit; President Monroe of DeVeaux College in behalf of the School; Peter Porter, Esq., in behalf of the Press.

The Ladies.

On man,

She tried her 'prentice han'

And then she made the lassies, O.

Response by P. G. Valentine, M. D., of St Louis.

Niagara. Response by the Rev. John W. Brown, D. D., of Buffalo.

FOURTH DAY.

The morning Session opened with the discussion of the subject, "Sleep and the Means for most Safely and Surely Inducing It in Cases of Mental Disturbances," with papers by Selden H. Talcott, S. Lilienthal, T. L. Brown,

W. M. Butler. This was followed by papers or "Social Hygiene," by D. H. Beckwith, T. P. Wilson, T. S. Verdi, Geo. M. Ockford, Bushrod W. James, W. H. Dickerson, A. R. Wright, E. U. Jones. Then came the Memorial Service in honor of deceased members which brought the close of the Session.

OTHER MEETINGS.

OPHTHALMOLOGISTS AND OTOLOGISTS

The seventh annual session of the American Ophthalmological and Otolological Society met in parlor 10 of the International on June 20. The attendance was very fair. Dr. C. H. Vilas of Chicago presided and Dr. F. Park Lewis of Buffalo secretary. After a brief introductory address by the President, in which the work of the Association was reviewed, the Secretary's annual report was read and accepted. The Treasurer's report, which was referred to the Auditing Committee, showed a very gratifying condition financially, the papers of of absent members read by title and referred to the Committee on Publication. The following essays were read.

A remarkable case of tinun orbitæ. Dr. H. Liebold, M. D., New York.

A peculiar case of Cataract. A. B. Norton, M. D. N. Y.

On the value of hydrastiscan as an antiseptic and curative agent in catarrhal and purulent compunctions. M. O. Ferry, M. D., Utica, N. Y.

Allium cepa Dr. C. H. Liebold, New York.

Anomalous cases ; 1 keratitis bullosa ; 2 anophibæmiis, Dr. F. Park Lewis of Buffalo. 1, serous accumulation in middle ear ; 2, otitis traumatica interna, Henry C. Houghton, M. D., New York.

An interesting paper by Dr. James A. Campbell of the St. Louis Homœopathic College illustrated the intimate connection between certain degenerate retinal changes and diseases of the kidney.

Dr. E. H. Linnell of Norwich, Conn., read a paper on extracts from his case book.

An interesting paper by Dr. Charles Deady of New York resident surgeon in the New York Ophthalmic Hospital demonstrated the value of medicine in apparent near-sightedness. The case cited by the Doctor was a peculiar one in several respects.

A paper by Prof. George S. Norton of New York on the value of ice in certain diseases of the eye was of exceptional value and called forth a general interchange of views.

Dr. J. McGuire of Detroit read a valuable essay on some clinical cases.

A paper by Dr. C. H. Liebold on Allium cepa was read by the secretary.

Dr. F. Park Lewis reported two curious cases. One that of a child born without eyes, and the other that of a peculiar inflammation of the eyeball.

Dr. Linnell presented his essay on "Auditory Vertigo."

The subject for special discussion. "The value of Remedies in Asthenopia," was taken up and debated by Drs. Wilson, Campbell, and Norton.

Dr. Houghton treated the special subject under Otology—"Treatment of Chronic non-Suppurative Inflammation of the Middle ear."

The appointment of a date for the next meeting was referred to the Executive Committee.

The election of officers resulted as follows :

President—F. Park Lewis, M. D. Buffalo. N. Y.

Vice-President—James A. Campbell, M. D., St. Louis.

Secretary and Treasurer—Charles Deady, M. D., New York.

Censors—C. J. McGuire, M. D., Detroit ; Wm. P. Fowler, M. D., Rochester ; H. D. Houghton, M. D., New York.

The Society then adjourned to meet in connection with the American Institute at Deer Park, M. D.

THE HAHNEMANNIAN.

The International Hahnemannian Association had some very interesting meetings in one of the parlors of the International Hotel.

The reports of the bureaus of Clinical Medicine and Surgery were most valuable additions to homœopathic literature.

The Bureau of Surgery's report was directed especially to plans for dispensing with the use of knives in many operations. It was decided to hold all future sessions at the same place as the American Institute of Homœopathy, but three days in advance of the meetings of that body.

Officers were elected as follows :

President—Dr. George F. Foote, Stamford, Conn.

Vice-President—Dr. R. R. Gregg, Buffalo.

Treasurer—Dr. Edward Crouch, Erie, Pa.

Secretary—Dr. J. B. G. Custis, Washington, D. C.

Foreign Corresponding Secretary—Dr. E. W. Blenidge, London, Eng.

Board of Censors—Drs. C. Pearson, Washington ; Benjamin Ehrman, Cincinnati ; S. Swan, New York ; C. H. Lawton, Wilmington, Del. ; T. F. Smith, New York.

The President appointed the following heads of bureaus for 1884 : Materia Medica and Provings : Dr. Edward G. Rushmore, Plainfield, N. J. ; Obstetrics : Dr. J. R. Haynes, Indianapolis ; Clinical Medicine : Dr. J. A. Biegler, Rochester ; Surgery : Dr. C. H. Lawton, Wilmington, Del.

JOURNALISTS MEET.

A meeting of gentleman connected with the different homœopathic journals represented at the convention was held at 8 o'clock p. m. June 20. It has been freely charged that some of the medical journals were cutting rates by taking club subscriptions at greatly reduced rates. It was resolved to form a permanent organization to regulate this and other trade questions. Dr. S. Lilienthal of New York

was elected President, and Mr. A. L. Chatterton of New York, Secretary.

The various homœopathic publications were generally represented by members of their editorial staffs. Among others, *The Medical Advance*, Ann Arbor, Mich., by Dr. H. C. Allen ; the *Clinical Review* of St. Louis, By Dr. P. G. Valentine ; the *Investigator* of Chicago, by Dr. T. C. Duncan ; the *Hahnemannian Monthly* of Philadelphia, by Dr. T. C. Duncan ; the *New York Medical Times*, by Dr. Egbert Guernsey ; the *Homœopathic Leader* of New York, by Dr. Walter Y. Cowl ; the *Homœopathic Journal of Obstetrics* of New York, by Dr. H. Minton, the *Medical Counsellor* of Grand Rapids, Mich., by Dr. H. R. Arndt ; the *American Homœopath* and the *Homœopathic Physician* of New York, by Mr. A. L. Chatterton of the A. L. Chatterton Publishing Company.

The following was adopted as the Sense of the meeting.

"*Resolved*, That we believe our literature is on a par with any published, and deserves the full confidence of our profession, and should be supported by the whole Homœopathic school at full published rates."

HOMŒOPATHIC MEDICAL SOCIETY
OF NEW YORK COUNTY.

A regular meeting of the Homœopathic Medical Society of New York was held at the College building on 23d street, June 13, 1883.

The Bureau of Gynæcology and Pathology reported. In the absence of the President, Dr. Geo. Dillen, occupied the chair.

The minutes of the previous meeting were read and approved.

The resignations of those members who tendered them at the previous meeting were received.

The Committee on microscopic examination of the specimen presented by Dr. Schley reported. Wm. N. Guernsey, M. D., the chairman of the bureau read a paper presented by S. F. Donaldson, M. D., on Rational

versus Speculative Gynæcology. The paper was interesting and instructive. The writer called attention to the prevention of uterine diseases and spoke particularly of sub-involution from which so many of these troubles arise. Blood stasis being so large a factor in the production of these troubles he warned against positions which throw the body out of its natural pose and which tend to favor sluggish circulation, as soft easy chairs, working chairs, the dorsal position too long maintained after parturition, all of which throw the pelvis out of its natural plane and prevent the veins from performing their function in a healthy and active manner. In the cure of these ailments he urged the need of well regulated exercise and repose; the paper was full of valuable hints and suggestions.

Dr. Guernsey then read a report of a case of Hydrocele which occurred in a young child. The case was reported as being unique. He had not been able to find a report of a similar case occurring in a child. Dr. L. L. Danforth reported three cases of Irritability of the Bladder in the female cured by dilatation. There were cases in which he failed to find a definite cause.

Mrs. J. G. Brinkman the historian of the bureau gave a resumé of the progress of Gynæcology during the past year which was listened to with marked attention. A vote of thanks was tendered Dr. Brinkman by the Society for the thorough and able manner in which the subject matter had been presented.

Dr. Lilienthal and others were appointed delegates to the State Society to be held at Niagara Falls, June 19.

Adjourned 10:15.

OPIUM POISONING.

BY

G. M. PEASE, M. D.,

San Francisco.

Mrs. F., thinking she needed a cathartic, took a dose of Castor oil, but fearing it might produce griping she added, as she says, thirty drops of Laudanum, being the dose printed on the label as the correct one for an adult. This is about 5 P. M. Dinner being served an hour afterwards, she did not feel well and did not go down. A little after seven she was found complaining of feeling "queer;" the family became frightened and a liberal quantity of mustard water was administered, but no vomiting took place. An emetic of Ipecac was obtained from the drug store and given, when vomiting was finally induced a little after eight o'clock. Long before this she became very sleepy and could not be aroused sufficiently to stand upon her feet, but would fall to the floor whenever they attempted to make her walk. I arrived at the house at quarter past nine, found her in bed and so sleepy it was with the greatest difficulty she could be aroused enough to make even a sound of recognition. Strong coffee was ordered, but a fire had first to be made. Not wishing to waste time I gave a few pellets of Bellad. 200, upon the tongue. The iris was so much contracted that the pupils were scarcely larger than pin points. In ten minutes the Bellad. was repeated, and shortly after the coffee was brought up. It was then comparatively easy to arouse her, and the iris was already less contracted. The coffee was however swallowed, but returned almost instantly. A third dose of Bellad. was given soon after, and examination showed the iris to have returned to consciousness, so to speak, while the rest of the body was following suit. Everything going along so well, I took my departure about ten o'clock, leaving directions to repeat the remedy if sleepiness returned or the iris

again became contracted, but no further dose was needed. It could not be accurately determined how large a dose of Laudanum had been taken, but it must have been from one hundred and twenty-five to one hundred and seventy-five drops.

Comment is hardly necessary, since those materialists who believe there is no medicine in a potency higher than the sixth will not acknowledge a coincidence, while a few who *know* the action of high potencies will draw their own inferences. I will add, however, that this is only one of several such "coincidences" that have come under my personal observation.—*Medical Advance*.

PROPHYLAXIS AGAINST PHTHISIS IN HOSPITALS.—From a series of experiments upon tubercle-inoculation, and the effects upon the process by different disinfecting agents, M. Valin has found sulphurous acid the most efficacious in preventing contagion. He therefore recommends that, in hospital wards where the air is infected by tuberculous patients, from time to time the rooms shall be vacated and thoroughly fumigated with sulphurous acid.

PLUMBUM IN CONSTIPATION.

BY

ALFRED C. POPE, M.D.,
London, Eng.

The Plumbum patient is usually a thin, spare man, melancholy and miserable, with a sallow and earthy-like complexion, a white pasty coated tongue, the sense of thirst impaired; appetite absent, but a good deal of thirst; frequent eructations, with occasional vomiting, hiccough, and nausea; the epigastrium is tender; the umbilical region the seat of a characteristic pain, giving a sense of contraction and twisting which is somewhat relieved by pressure, *not*, as is a similar pain, caused by, and consequently indicating *Colocynth*, entirely

relieved by it. Pain of this kind radiates over the entire abdomen. The rectum is the seat of tenesmus. A finger passed within the sphincter is immediately grasped. Constipation is extremely obstinate, resisting the action of purgative drugs; the fæces, when passed, are in the form of small, round, dark balls.

The chief indication for the use of lead in constipation is the constant presence of a spasmodic, or colic-like pain, with abdominal distension. The retention of the fæces appears to arise from a persistent spasm of the muscular structure of the intestine, rather than from actual paralysis.

The following case came under my care at the Manchester Homœopathic Hospital in 1852:—A boy, aged 10 years, had, his mother stated, suffered for four years from extreme abdominal distension, with complete constipation, lasting for six or seven weeks at a time. At the end of one of these periods the bowels were moved largely once or twice, and the swelling abated considerably, gradually returning to its former dimensions as the time lengthened since the last evacuation. On his admission the mother stated that his bowels had not been moved at all for seven weeks. During the four years he had been ill purgatives of every kind, and in the strongest doses consistent with safety, had been ineffectually tried. On examining the abdomen it was found to be four feet in circumference, contrasting strangely with the emaciated appearance of the face and condition of the legs. The swelling was especially marked along the lines of the transverse and descending colon; was extremely resistant to pressure, and tympanitic.

The complexion is pale and earthy-looking; the skin dry and harsh. He is very weak, but complains of no pain. His appetite was good. Urine was passed in considerable quantity, and pale in color. To test the effect of a simple purgative, half an ounce of castor oil was given, but had no result. This was followed by drop

doses of *Nux vomica* 3x every four hours. No change occurring within a few days *Sulphur tinct.* was given night and morning. Five days later he was better, the bowels being moved twice, after eight weeks of constipation. *Plumbum carb.* ix was now ordered in grain doses, three times a day.

On visiting the hospital in a week he was reported to have had five or six evacuations during the interval. The abdomen now measured two and a half feet in circumference. At the end of the following week he had become more swollen, the bowels not having been moved for four days. The urine had become normal in quantity. *Nux vomica* 3x was now given alternately with the *Plumbum* ix. In a month from this time the abdomen was only two feet in circumference, and he felt much stronger, albeit the bowels had not been moved for three weeks. The same medicines were continued, and he gradually improved in flesh and strength, the intervals of intestinal inactivity diminishing until within three months of his final appearance at the hospital; the constipation was entirely overcome, the bowels acting daily, and the size of the abdomen had become normal. I accidentally met this boy in the streets some months after, and was gratified by hearing that he remained quite well.

This case shows forcibly the uselessness of purgatives in intestinal inactivity, and, so far as it goes, the comparative rapidity with which a homœopathically indicated medicine will remove the evils wrought by disease and its supposed remedies during so long a period as four years. It is much to be regretted that *Nux vomica* was alternated with the *Plumbum* in this case. It vitiates its value as a therapeutic observation I admit, but, at the same time, I have little doubt that it was to the action of the lead that the recovery was due. What led me to use *Nux* at all I cannot at this distance of time recollect, but I well remember that the impression made upon my mind was that *Plumbum* was

the medicine that cured.—*Hom. Review.*

CLINICAL ITEMS.

Jaborandi, besides *Nux* and *Pulsat.* produces, and therefore cures semi-lateral sweatings. Left half of body was covered with a cold perspiration.

Salicylic Acid in corns and bunions are highly recommended. It may be dissolved in collodion and applied on raw cotton, or applied by a camel's hair brush once a day for a week or more.

Kali phos. is valuable in suppurative otitis.

Badiaga.—Hering says that this remedy is useful in the complaints of adults who had manifestations of scrofula in their youth. In Russia it has a reputation for the cure of piles.

Antimon. crud. is a grand remedy for rheumatism in the feet, when the soles are so sensitive that patient can hardly step on them.

Baptisia 12 has been used successfully by Dr. Scherzer for convulsive contraction of the œsophagus and cardiac orifice.

Dr. Hale has used Oxalic Acid 6 in nervous aphonia, with cardiac derangement. The only other remedies which appear to have these two conditions combined or alternating are Hydrocy. acid and Coca.

Pain in upper part of abdomen, in region of navel, coming on two hours after eating, with much flatulence and bitter and sour eructations; worse at night; is aroused about 3 A. M. and kept awake by it. Burning sensation from throat down. Oxalic acid 3, an hour after meals.

Dr. Cate finds Arnica of great service in a violent spasmodic cough, attended with herpes of the face. In neuralgias that have their origin in disturbance of the par vagum, arnica is an important remedy.

SANGUINARIA IN DISEASES OF THE NOSE AND THROAT.

BY

GEO. W. WINTERBURN, PH.D., M.D.,

New York.

Sanguinaria has an important influence on the nasal mucous membrane. I have seen it cure a number of fluent coryzas. It seems to act best in cases which affect particularly the right nostril, and are accompanied by much sneezing. Such cases often yield quickly to inhalation through the nose of the dust arising from shaking a small quantity of sanguinarin in a bottle; the inhalation to be repeated at intervals of three or four hours.

Periodic coryzas of all sorts, from rose-cold to autumnal catarrh, if possessing the characteristic conditions for Sanguinaria, will be cured by it. These are copious, acrid, burning, watery discharge from the nose, causing an indescribable rawness of the schneiderian membrane, with loss of sense of smell, frequent sneezing, all the symptoms worse on the right side. If the conjunctiva be similarly affected, or if intestinal disorders alternate with the nasal symptoms, Sanguinaria is specifically denoted.

Non-syphilitic ozæna will often yield readily to sanguinaria. In these cases it is always necessary to cleanse the nose thoroughly at least once a day, in order that the medicine may come in direct contact with the ulcerated tissue. When possible to command the regular attendance of the patient, I prefer to apply the medicine personally, by means of a spray producer.

Nasal polypi are either hyperplasiæ of the mucous lining (mucous polypi), or a proliferation of connective tissue (fibrous polypi), or a growth of a jelly-like substance (gelatinous polypi); and they occur in frequency in the order named. In the first and last varieties Sanguinaria is an excellent remedy, especially in the former. The freshly powdered root, or sanguinarin, may be used as a snuff, several times a day; but I much prefer the nitrate

of Sanguinaria. This substance is too pungent if used in full strength; and it should be thoroughly triturated with nine parts of granulated sugar. Even then it is apt to cause unpleasant burning in the nostrils. The following case nicely shows its usefulness:

Miss M. R. B—, aged nineteen, a healthy, apple-cheeked, English girl, had been troubled with an uncomfortable feeling in her nose for more than a year. There was at all times a sense of fullness in the right nostril, but in damp weather it seemed completely occluded. An examination showed a mucous polypus adherent to the septal membrane, nearly filling the arch of the passage, and hanging downward into the posterior nares. The internal administration of Tencrimum and the iodine of lime produced no apparent effect. She was then given an ounce of the nitrate of Sanguinaria, first decimal trituration, in a two ounce bottle, with orders to shake the bottle and snuff the dust thoroughly up the right nostril, every three hours. The effect was slow, but in the end most gratifying. In two months the polypus had entirely disappeared, and the nasal membrane was healthy and has remained so.

I have never had a case of polypus in the ear to treat; but in the mucous variety I should certainly begin with the nitrate of Sanguinaria. There is no question that this remedy not only removes the growth but cures the tendency (dyscrasia) that produced it. How much better this is than rudely tearing the tumor off, by means of forceps, leaving a lacerated and diseased membrane, as the basis for a new growth. Better certainly for the patient; although the physician will not receive as much praise from the patient's friends, for skillful therapeutics, as the surgeon would for dextrous manipulation. There may be even doubts that there was any polypus, unless it can be shown in a little bottle.

It may be merely a curious coincidence, but I have never been able to

cure polypi in the left nostril with Sanguinaria. There is a peculiar right-sidedness running through the pathogenesis of this remedy and its analogue Chelidonium. Both affect the right-side of the head, the right nostril, the right lung, the liver, the muscles on the right-side of the back, and the right heart.

In diseases of the buccal cavity you will occasionally have use for Sanguinaria. Epulis, from its analogy to polypus, you will remember in this connection. That simple but annoying trouble, gumboil, when not caused by caries is controlled by this remedy; as is also general inflammation of the gums (gingivitis), when they become swollen, spongy, and bleed easily. Toothache, when the pain is aggravated by cold drinks and relieved by warm, may be cured by this remedy. In all these conditions I use the third decimal trituration of the nitrate of Sanguinaria.

Passing back to the softer tissues of the pharyngeal cavity we meet a similar ulcerative condition, which yields to the same treatment.

The ordinary idiopathic, catarrhal sore-throat, involving frequently the entire mucous membrane of the pharyngeal cavity, is without doubt often mistakenly diagnosed as diphtheria, on account of the tough whitish exudation which sometimes appears on various parts of the fauces, especially about the tonsils. Even epidemics of simple sore-throat occur, and these are still more likely to confound the inexperienced or careless physician; but the fact that these cases are not followed by paresis and albuminuria is a sufficient index of their true character. There are many remedies for this condition, and among them Sanguinaria. This remedy is specifically indicated when the throat feels as if it had been scalded by drinking something hot. The throat is dry and tense; the dryness is unrelieved by drinking, and the tension causes a sensation as if the throat was about to split. Drawing cool air over the heated membrane

(breathing with the mouth open) gives the patient great satisfaction. These disagreeable feelings are all worse on the right side. In cases of this sort I have seen a mild gargle of sanguinarin, one grain to the ounce, rapidly disperse all the uncomfortable sensations.

Follicular sore-throat, the form so common among clergymen and others who use the voice unduly, is more frequently a pharyngeal than a laryngeal complaint, although old cases are apt to involve both organs in a common misery, no matter which was the seat of the original lesion. Although by no means so frequently called for as some other remedies, sanguinaria will cure this condition when the membrane is red and shining, and the burning pain seems to extend backward and downward from the pharynx into the stomach. The presence of the symptoms indicated just now when speaking of ordinary sore throat will also confirm the propriety of using it here. If possible I like to apply it by means of a spray producer, and I have a particular penchant for the nitrate of Sanguinaria, rather than sanguinarin; although either will answer.

Chronic catarrh of the throat is apt to run on to ulceration if neglected; but all ulcerations of the throat are by no means catarrhal. Speaking generally, we meet three forms of chronic ulceration of the throat; the superficial catarrhal ulcer, the deep, flabby scrofulous ulcer, and the well-defined syphilitic ulcer with elevated, serpiginous edges. Baptisia, Hydrastis, Stillingia, and Sanguinaria cover, I think, all the variety of condition likely to occur. The general symptoms of the patient will determine the adaptability of either in any given case. The following case of catarrhal form shows the action of sanguinaria and the symptoms indicating it: Miss S. M. A., aged twenty-seven, a school teacher, had been troubled with catarrhal pharyngitis for some years. The throat, when she applied for treat-

ment, contained six or seven superficial ulcers, the largest about the size of a silver five-cent piece. She complained of a great dryness in the throat, which was actual and not merely sensational, as the tissues were brighter in color than natural and glistening. Although she was not thirsty, yet the burning feeling in the throat made her desire to drink frequently; hot drinks relieved the sensation for a few minutes, but cold water intensified it. The tongue also felt as if burnt, and was covered with a whitish slime. She remembered that at the first she had been sore only on the right side; and now the majority of the ulcers were on that side of the median line. She was subject to periodic sick headaches, which always began in the nape of the neck, and extended over the head, and finally settled in the frontal sinuses. I gave her some powders sanguinarin 2, of which she took two each day. The medicine not only cured her sore-throat but her headaches also.

I do not think that Sanguinaria is ever indicated in malignant diphtheria; but in some of the milder forms, it will, like phytolacca, Prove to be the true remedy. The subjective symptoms have been already stated; the diphtheritic membrane is semi-translucent and grayish.

HYPERTROPHY OF SPLEEN IN A COW.

BY

J. SUTCLIFFE HURNDALL, Esq., M. R. C. V. S.

Liverpool, Eng.

On being called to examine the animal I found a considerable and diffuse swelling over the rumen or paunch on the left side. In Chauveau's "Comparative Anatomy" it is stated that "in ruminants the spleen is not supported by the great omentum, but adheres to the left side of the rumen and diaphragm." The enlargement was most prominent just behind the ribs, close under the

transverse processes of the lumbar vertebræ; it extended over a considerable portion of the rumen, gradually getting less protuberant, until it seemed almost blended with the substance of that viscus; posteriorly no distinct margin was perceptible. As the result of careful manipulation one could only learn that there was a hard unyielding swelling, which when pressed ever so firmly did not apparently cause any pain to the patient. On inquiring how long the enlargement had been observed, I was informed that for two months it had been gradually developing.

The owner had been informed that it arose from a stoppage of the bowels, in consideration of which the cow had been repeatedly drenched with purgative medicines. I ventured to give the assurance that had the swelling been caused by "stoppage" the cow would either have been dead long ago or have recovered before this time.

In all other respects the animal seemed to enjoy fairly good health, although her appetite was slightly capricious; her urine was very watery, pale, and abundant, and the fæces somewhat relaxed. The mucous membranes, pulse, and temperature were normal.

An examination of the milk, which I saw drawn from the udder, proved on testing with a percentage lactometer to contain a considerable excess of water; in appearance it was blue and poor.

The microscope revealed the presence of a large number of leucocytes and free nuclei; the fat cells were much less abundant than they should be, and there were some peculiar radiating yellowish crystalline bodies in the centre of the field. With this view of the case before me I came to the conclusion that the spleen was involved, and, after carefully looking up the case in homœopathy literature, determined to administer *Ceanothus Americanus*. In a fortnight I revisited my patient, and was met on the threshold of the "milk-house" by the

owner with the remark that he thought he had better buy this medicine of me by the gallon, for ever since the cow had been taking it the yield of milk had considerably increased (namely from eight to eleven quarts in the day), and that it was much richer in quality. On examining the swelling I found that it was so tender the cow could not bear to be touched. This satisfied me that I was on the right track, for I remembered that in Dr. E. M. Hale's valuable work, it was stated that "in chronic cases, when the organ is no longer tender under the use of the tincture, even without friction, it *soon becomes painful and tender*, then sinks rapidly to its normal size and so remains, the patient no longer being conscious of its presence."

I now determined to continue the treatment, but in a higher dilution.

The first prescription was ten drops twice daily of *Ceanothus A.* lx. The second, ten drops twice daily of 2c.

Altogether the cow has been under treatment seven or eight weeks; the swelling has well-nigh entirely disappeared the appetite is now regular and hearty, the fæces are normal as well as the color and specific gravity of the urine, and the supply of milk abundant and of better quality.

The spleen is an organ about which so very little is known, either physiologically or pathologically, that it is a great boon, to the human physician as well as the veterinary surgeon, to have discovered a remedy that is evidently in therapeutic *rapproch* with this imperfectly understood portion of the economy.

CORRESPONDENCE.

UNIONTOWN, Pa., June 8, 1883.

DR. GEO. W. WINTERBURN,

Dear Doctor,—I have read Dr. Paine's letter in the June HOMŒOPATH, and your comment thereon; and I hope you will not accede to the doctor's wishes and exclude high potency cures from your journal. I

have always noticed our best practitioners use high potencies, and my best cures have been made with them.

Let those physicians who are doing all they can to please "so-called scientific regular we are the people's doctors" practice as they preach. But for my part I believe the fittest will survive, and homœopathy *is the fittest* as the signs of the times show.

I like the AMERICAN HOMŒOPATH exceedingly well, and will take it as long as it keeps the name and I am spared to practice.

Yours, &c.,
ALONZO P. BOWIE.

SPASM OF ŒSOPHAGUS.

BY

S. P. BURDICK, M.D.

New York.

Mrs. S—, aged about thirty, suffered for many years from a peculiar affection which seemed to be hysterical in origin. About nine years ago she began to have difficulty in swallowing any solid substance. This gradually became worse so that deglutition of any solid substance became quite impossible. Her soup even had to be strained so as to remove all meat fibre and solid particles. During this time she was under the treatment of various physicians, but received no apparent benefit.

About five years ago the late Dr. Ad. Reisig treated her with considerable degree of success, so that she could swallow a few semi-solid substances. She, however, relapsed after his death, and so continued until October last when she came under my care. After studying her case closely, I selected *Crotalus* as promising more than any other remedy. She received *Crotalus* 200, and made slow but marked improvement for five months, at which time she was perfectly well.

When she came under my care she was greatly emaciated, but she now eats freely of any description of food, and is plump and in excellent health.

THE

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Our columns will always be open to a courteous and fair discussion of all subjects connected with our practice, as much as our space allows ; but we do not hold ourselves responsible for the opinions of our contributors, *unless indorsed in our editorials.*

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EDITORIAL.

I cannot even hear of personal vigor of any kind, great power of performance, without fresh resolution. This is the moral of biography; yet it is hard for departed men to touch the quick like our own companions, whose names may not last so long.—Emerson.

In order to give as much space as possible to our report of the meeting of the American Institute, much interesting matter is crowded over to the next number.

A GREAT sensation was caused at the Institute meeting by the report of the analysis by Prof. Smith, of Cleveland. Investigation never hurt a truth although there are always timorous souls who are afraid of it. The thanks of the profession are due to all earnest investigators, Prof. Smith included.

ABSTRACTS.

IRRIGATING CURETTE AND SPOON.—Dr. Freund, of Breslau, describes this instrument in the *Centralblatt für Gynakologie*, 1882. It is formed exactly like the ordinary curette or spoon, but hollow. At the lower end of the handle is an olive-shaped knob, over which the thin-walled rubber irrigation-tube is slipped. The principal use of this instrument is, of course, to secure prophylactic antiseptics, and further, if necessary, to arrest hæmorrhage during the operation of curetting, inasmuch as, during and after the operation, the morbid surface is bathed with antiseptic or styptic solutions. In all cavities (uterus, rectum, nose, or a fistula), by the use of the ordinary curette, a simultaneous irrigation cannot be attained from the want of necessary space for another instrument. The importance of antiseptic irrigation during the operating of curetting such surfaces is obvious, seeing that they usually contain putrid secretions or fragments of tissue, which, under the pressure of the instrument, may easily gain access through the numerous freshly opened portals to the general circulation.

ANÆSTHETICS.—Dr. Johnson, in the *Lancet* said that the whole question as to which anæsthetic should be used was settled by the fact that chloroform kills without warning; ether does not : therefore the physician is criminally responsible who uses chloroform. He considered that a physician who pursues a course of treatment which is no longer orthodox is in the same position as one who meditates a homicide. That was the law in the United States on this point.

Dr. Proell, of Gastein, Germany, has an article under the somewhat curious title of "Secret Enemies of Medical Efforts," in which he says that if a physician could be the patient's shadow and follow him about from

morn till night, he would probably notice many things which would explain, in the first place, why they are ill and secondly why they do not get better, in spite of the most careful prescriptions. Dr. Proell lays great stress upon the habit of early rising in the treatment of certain diseases :

Persons of plethoric habit, stout, short-necked patients with red complexions, who fall asleep again after once awakening from the first sound sleep, seldom derive much benefit from subsequent slumber. The brain becomes hyperæmic, and the whole nervous system stimulated. I know many invalids who find that on first awaking from sleep they feel bright and refreshed, but on dozing off again they awake the second time with dull headache, which increases every hour they remain in bed. This habit of lying in bed induces a disposition to apoplexy, especially in plethoric persons. I had at Gastein a striking case of general paralysis in a young peasant who used to lie in bed dozing most of the day for a period of two years. A physician who was called to him before me, and who did not elicit these particulars, declared the case to be one of incurable spinal disease. I was, however, successful in effecting a complete cure in three months, simply by forcing him to rise very early in the morning, and to remain most of the day in the open air. At the present time this young man is one of the most vigorous in the valley.

In persons with predisposition to chest diseases, this habit of lying in bed is very prejudicial. The function of respiration is considerably weakened, breathing becomes slower and slower, and even stertorous, as if in apoplexy. A friend of mine, who suffered from this tendency to pulmonary disease, told me that he could hear his own slow stertorous breathing whilst half awake every morning, if he remained in bed much after six o'clock. I am sure that many chronic affections of the bronchial tubes owe their origin to his habit of lying late in bed.

In another class of patients, the congestion, caused by over sleep, falls on the medulla oblongata, and produces nervous weakness of the upper and lower extremities, and also of the rectum and bladder. Everyone knows the expression, *sleep drunk*, (*schlaf trunken*), which denotes the state of paralytic weakness seen in a person suddenly awakened from sleep, and obliged to walk before he is thoroughly awake. There are many invalids who suffer from weakness of the limbs, for which no other reason can be found save this habit of oversleeping. I have frequently seen cases of retention of urine and fecal matter arise from this very same cause.

Last, but not least, the influence of this habit is often seen in the genital nervous system, especially in young men of sedentary habits. On working days they have to arise at an early hour, and find themselves refreshed. On Sundays and holidays they awake at the usual time, but, remembering that there is no reason for them to rise so early, they fall asleep again, and are perhaps troubled by an erotic dream (caused by congestion of the cerebellum). Results similar to those occasioned by this kind of excitement are also noticed in convicts who are hung, and arise from pressure on the medulla.

In both sexes the habit of lying a long time in bed after being awakened is the primary cause of excitement of the genito-urinary nervous tract, and is a frequent cause of vicious habits. No physician has more opportunity of noticing this than one practising at Gastein, because to its electrical waters invalids come from all parts who have suffered from this deplorable habit. In many young men I have cured this unfortunate tendency by the use of an alarm clock, which calls them at 4 A. M. They then get up and prepare their own breakfast, eggs and milk (to supply phosphorus), and bread and butter. By so doing they keep themselves awake and occupied.

Such an alarm clock is very cheap, and lasts longer than more doubtful remedies, and has a more certain effect than the latter.

A CONVENIENT AND DELICATE TEST FOR ALBUMEN.—Pour a few drops of urine gently down the inside of a glass vessel containing acidulated water at the boiling point. If albumen be present a more or less dense cloud will form just at the dividing line between the fluid tested and the clear water above. As the contrast in opacity is between the clear water and the milky albuminous cloud, the test is very delicate, one-twentieth of one per cent. of albumen making a very perceptible clouding. It has all the advantages of the ordinary heat and acid test and Heller's nitric acid test.

It is even better than the latter in a cloudy fluid as in urine, with urates in excess, because the clear water above makes a perfect medium in which to detect the faintest cloud, while the layer of coagulated albumen in Heller's test may be entirely obscured by the opacities in the fluid itself. If no test-tube or nitric acid is at hand, pour boiling water into a common tumbler, let it stand a moment to insure the heating of the bottom of the tumbler, empty, refill, acidulate with vinegar, and proceed as before. While this is a modification of the heat and acid test it has the advantage of being applicable under all possible circumstances, whether special apparatus is at hand or not. It is convenient and accurate in the farm-house as in the laboratory.—*Medical Record*.

HOW COLDS ARE TAKEN.—A person in good health, with fair play, says *The Lancet*, easily resists cold. But when the health flags a little, and liberties are taken with the stomach, or the nervous system, a chill is easily taken, and according to the

weak spot of the individual, assumes the form of a cold, or pneumonia, or, it may be, jaundice. Of all causes of "cold," probably fatigue is one of the most efficient. A jaded man coming home at night from a long day's work, a growing youth losing two hours' sleep over evening parties two or three times a week, or a young lady heavily "doing the season," young children over-fed and with a short allowance of sleep, are common instances of the victims of "cold." Luxury is favorable to chill-taking; very hot rooms, soft chairs, feather beds, create a sensitiveness that leads to catarrhs. It is not, after all, the "cold" that is so much to be feared as the antecedent conditions that give the attack a chance of doing harm. Some of the worst "colds" happen to those who do not leave their house or even their bed, and those who are most invulnerable are often those who are most exposed to changes of temperature, and who by good sleep, cold bathing, and regular habits preserve the tone of their nervous system and circulation.

Probably many chills are contracted at night or at the fag end of the day, when tired people get the equilibrium of their circulation disturbed by either overheated sitting-rooms or underheated bedrooms and beds. This is specially the case with elderly people. In such cases the mischief is not always done instantaneously, or in a single night. It often takes place insidiously, extending over days or even weeks. It thus appears that "taking cold" is not by any means a simple result of a lower temperature, but depends largely on personal conditions and habits, affecting especially the nervous and muscular energy of the body.

NEW THEORY OF URÆMIA.—Feltz and Ritter, of Nancy, having found that simultaneous ligation of both ureters caused a sensible increase, in the blood and in the serum, of the potassium salts, in spite of this sup-

plementary gastro-intestinal excretions, conclude that the alkaline salts follow the same laws as the urea and extractive matters, which increase in the blood under these circumstances. The graver accidents of uræmia, however, do not coincide with those caused by the accumulation and retention in the blood of urea or extractive matters, but, on the contrary, correspond with the phenomena produced by the intravenous injection of fresh normal urine, or of equivalent solutions of potassium salts in distilled water. The authors therefore consider themselves warranted in admitting that the true agents of uræmic intoxication are almost always the potassium salts which have accumulated to excess in the blood.—*Revue de Thérap. Méd.-Chir.*, No. 3.

LITERATURE.

When an author has something to say he will generally find readers willing to listen to his message. When that something relates to so important a topic as tuberculosis, he needs no apology for adding one more to the aggregating list of medical books. Dr. Brigham, of Grand Rapids, has written a notable book,* on a notable subject, and thereby conferred honor on the school of which he is a gifted disciple. His work not only shows familiarity with the current advances in pathological and histological studies, but, furthermore, that the author has digested these and is able to apply them in practice. Again, his method of presenting the subject of physical diagnosis is unusually clear and explicit. But while he thus appropriates the best knowledge that general medicine has to offer on this interesting subject, he is equally satisfactory in dealing with its symptomatology. Of this he himself says: "If pathology is, to a certain extent, unsettled, and the histology of the

disease under review, and possibly the whole matter in a transition state, we, who study more the inward expressions of a morbid force acting upon the sentient and vital forces, can well wait for time to settle these controversies; while we more especially apply ourselves to the study and application of the law of cure, formulated by the founder of homœopathy, to determine the best dilutions to use, and the frequency of their administration." All of which is sound doctrine and excellent practice.

After treating of the causes of phthisis, and reviewing the pathological and histological theories of the disease, our author devotes some eighty pages to the discussion of the therapeutic and hygienic management of cases, including the complications likely to arise and interfere with the successful termination of the disorder in a permanent cure. Dr. Brigham believes in the curability of these cases, and has compiled a great number of highly interesting and instructive clinical experiences from the practice of well-known and reliable homœopaths. We have ourselves seen with what wonderful power a properly selected remedy will generally act, even when the case has far advanced toward a fatal issue, prolonging life and the ability to attend to daily duties for months or years, even in those cases where a radical cure was impossible.

Dr. Carpenter's well-known manual on microscopy has reached its sixth edition, and is now issued,* much enlarged and improved in every way, as the April and May numbers of Wood's Library of Standard medical Authors. Having used a former edition for practical work, the writer

* "Phthisis Pulmonalis;" or Tubercular Consumption. By Gersham N. Brigham, M.D. 8vo, pp. 244. (Philadelphia: F. E. Boericke.)

* *The Microscope and its Revelations.* By William B. Carpenter, C. B., M. D., L. L. D. Sixth edition. Illustrated by 26 plates and 500 wood engravings. 2 vols. 8vo. pp 759. (New York: William Wood & Company).

is delighted to note the many ways in which this late edition shows the matured judgment of its accomplished author. Especial is this to be seen in the masterly summing up in the fifth chapter of the first volume of the fifty years experience in the preparation and mounting of microscopic objects. As a laboratory guide or for private study, probably no work could be found which would equal in general usefulness this manual.

The practical results achieved by the Hughes Medical Club of Massachusetts so far is the publishing of an interesting monograph on *Gelsemium*.* This useful publication contains a careful revision of all recorded cases of poisonings, provings, and experiments with this drug together with a commentary on their pathological interpretation. The arrangements of the matter is sensible and intelligible, and a completed materia medica on the same basis would be of unqualified advantage to practical medicine. We hope that the Hughes Club may be encouraged to renewed efforts in weeding out unreliable and inexact symptoms in the drug provings. On the other hand the summary rejection of all provings made with dilutions seems to us unwise. Even the slight personal experiences which we have had show that these latter give us nice gradations of differences unattainable by crude doses.

Dr. Talcott's report of his sixth years's work, at Middletown,† is suggestive in many ways. Dr. Talcott pays considerable attention to the question of the proper methods of commitment and discharge of insane patients. He believes "that physi-

cians of short experience and limited reputation should not be allowed to furnish certificates of insanity. At least seven years of active practice should be required before a physician is appointed as an examiner."

"Beside restricting the work of examining the insane to those of experience and good reputation, there should also be imposed weightier responsibilities upon the judges of courts of record, whose duty it is to approve certificates after they are made. Every judge, when a certificate is presented to him for approval, should be obliged to make inquiries concerning the nature of the patient's disorder, the circumstances of his relationships with those asking his commitment, and the character of the physicians who fill out the certificates. When these inquiries have been made with satisfactory results, he may then approve the commitment papers; or should any doubt rest in his mind, he should be required to call a jury and institute an examination in behalf of the alleged lunatic.

Beside attending to general features of treatment, such as seclusion from those irritating circumstances which often environ the insane at home; complete rest; suitable diet, occupation, and diversion, he gives special details of the therapeutic treatment.

"The remedies most effectual in the successful treatment of insanity may be divided into four groups: *First*—Those which affect the heart and circulatory apparatus. *Secondly*—Those which act specifically upon the blood itself. *Thirdly*—Those whose principal action seems to be upon the cerebro-spinal system. *Fourthly*—Those which affect the cerebral membranes and the tissues of the brain itself.

"In the first group we may place as leaders, Aconite, *Gelsemium*, and *Veratrum Viride*. In the second, *Arsenicum*, *Baptisia* and the various forms of *Mercury*. In the third group we note *Cimicifuga*, *Ignatia* and *Nux Vomica*. In the fourth may be named *Belladonna*, *Calcarea*

**Gelsemium Sempervivens*. A Monograph by the Hughes Medical Club of Massachusetts. Square 12 mo. pp. 105 (Boston; Otis Clapp & Son).

† Twelfth Annual Report of the State Homœopathic Asylum for the Insane, at Middletown, New York." Transmitted to the Legislature, January 10, 1883. By Selden H. Talcott, M.D. Svo, pp. 40. (Albany: Weed, Parsons and Company).

in its various compounds, and Phosphorus. Others might be added, but we simply enumerate here those which have been most frequently required, and which have been most serviceable in promoting favorable results.

"In selecting the Similimum for each individual case, not only are the symptoms of the patient, in their totality, to be considered, but, likewise, the pathological conditions which exist. * * * *

"An affection of the uterus, the stomach, the liver, the heart, or the lungs may, by reflex influence, tend to produce cerebral disturbance and consequent mental aberration. Hence the condition of these chief organs of the body should be carefully examined, with a view to the general treatment.

"In the course of medication it may be necessary to follow the use of one group of remedies by those of another before a cure can be completed. And it is essential that the line of treatment be carefully established at the outset, so that each group of remedies may be made to follow its predecessor in its proper and natural order, thus securing the best possible results.

The recent numbers of Funk & Wagnall's Standard Library, of which we have had occasion to speak several times in earnest commendation both for their uniform excellence and marvelous cheapness, are the *Essays of George Eliot** collected by Nathan Sheppard, the *Life of Charlotte Brontë*† by Mrs. Holloway, *Sam Hobart*‡ by Dr. J. D. Fulton,

* *The Essays of George Eliot*. Complete. Collected and arranged, with an introduction on her "Analysis of Motives" By Nathan Sheppard. 12 mo. pp. 288 (New York, F. & W.).

† *An hour with Charlotte Brontë*; or *Flowers from a Yorkshire Moor*. By Laura C. Holloway. 12 mo. pp. 144. (New York: Funk & Wagnalls)

‡ *Sam Hobart*, the Locomotive Engineer. A Workingman's Solution of the Labor Problem. By Justin D. Fulton, D. D. 12 mo. pp. 242. (New York: Funk & Wagnalls).

and *Successful Men of To-day** by William F. Crafts. These books are issued bi-weekly at five dollars a year.

The handsomely printed octavo volume† of three hundred pages issued by the Ohio Homœopathic Medical Society is a pleasing evidence of their thrift and earnestness. Many of these essays, which number in all thirty-five, are of permanent value and a credit to our school. Dr Beebe has our thanks for his courtesy.

Dr. Clausen of Auburn, N. Y., has favored us with his tractate on Homœopathy,‡ and his address relative to "That Resolution of the Institute" delivered before the Central New York Society, last March.§ The keynote of the former may be seen by this little excerpt: "Among those who have done most to corrupt the doctrine of Pure Homœopathy are, notably, E. M. Hale, M. D., of Chicago, and Richard Hughes, M. D., L. R. C. P., of England, who, concerning the truth, have erred; whose attempts to convert Homœopathy into Eclecticism and to adorn it with the brass-gold buttons of a physiological and pathological livery, have by their respective works ruined a multitude of medical students—students who started with the honest intention of studying pure Homœopathy, but have been unfortunately caught in the snares and delusions of these eclectic and pharmacodynamic teachers." That quotation speaks for itself and

* *Successful Men of To-day*, and what they say of Success. Based on Facts and Opinions gathered by Letters and Personal Interviews from Five Hundred Prominent Men. 12 mo. pp. 263. (New York: Funk & Wagnalls).

† *Proceedings of the Homœopathic Medical Society of Ohio*. Eighteenth Annual Session. Held at Springfield, Ohio, May 9 and 10, 1882. H. E. Beebe, M. D., Secretary, Sidney, Ohio.

‡ *Pure Homœopathy, Progressive Homœopathy, and the True Homœopathician*. 12 mo. pp. 12 Daniel W. Clausen, M. D.

§ *Address of Dr. D. W. Clausen, with preamble and resolution relative to "That Resolution of the Institute."* Central New York Homœopathic Medical Society, 15th March, 1883.

needs no comment. As to the Address, we do feel, dear doctor, like asking for a little more elbow-room. Those who need to be thus hedged about are welcome to the constraint, but we prefer to be, as you poetically express it, "slaves to our own waywardness." If to be a *pure* Homœopathist means to give up all right of individual judgment, we propose to be a little impure.

Dr. Brasted of Lima, N. Y., has issued a readable little pamphlet* the intention of which is to inform lay readers of the salient points in the argument in favor of Homœopathy. The work is well done, and will prove useful for the purpose intended.

Prof. Pitzer of St. Louis, proposes to publish shortly a work entitled "Direct Medication," which, as we understand it, is the Eclectic modification of Homœopathic practice. From this he now issues, as a separate pamphlet, the chapter on Alcohol.† Dr. Pitzer believes in Alcohol neither as a food nor as a medicine, while recognizing its partial value in both directions. "It should be known everywhere that Alcohol must be handled with great care. It is not, nor can it be, a substitute for food. But it is a poison greatly to be dreaded, and can be used as a medicine only in skillful hands, and then, in many cases where it is still used, other drugs recently introduced are far more efficient, beside a great deal safer. It has no power to avert disease when taken as a beverage in health, but, on the contrary, it renders people more liable to be attacked, and its continued use greatly reduces their power of endurance, and they are not nearly so able to resist disease when it comes. Its demoralizing influence, and the financial distress resulting from its use as a beverage, or luxury,

can never be estimated. As physicians, we should look with scorn upon the practice of retailing intoxicating beverages under the cover of medicines. This is a most pernicious practice, carried on, we are sorry to say, by many physicians and druggists, to the mutual profit, financially, of both parties."

NOTES AND ITEMS.

Rev. Richard Lewis, M.D., of Frankford, Philadelphia, died April 13, in the 66th year of his age.

Daniel Holt, M.D., of Lowell, Mass., died April 11th, aged 72 years.

"Doctor," said a fond mother, leaning over the bedside of her son who seemed to be suffering greatly, "what is the matter with him?" The physician examined the sufferer, and replied, "He's sick." "There," exclaimed the woman, "I knew you could tell what was the matter with him. How fortunate it is that you are in the neighborhood!" And she looked at the medical gentleman with an expression that spoke of restful confidence.—[*Arkansaw Traveler*.]

Relative to the general use of disinfectants in the household, and their important hygienic value in the sick room, it seems almost unnecessary to speak in this advanced age of medical science, yet, we are led to believe there are still many well-meaning physicians who are yet careless about their use or possibly still unacquainted with the pleasing chemical advances made in their production.

Certain it is the frequent use in the household of such a thorough, entirely odorless and unobjectionable preparation as "Platt's Chlorides," cannot but be attended with good results, while its sanitary aid in disinfecting the sick room, its bedding and utensils, is of the greatest value to both patient and attendant.

Probably no one article has ever been presented to the Profession that has been so gladly welcomed and proven of so much real utility as this: Approved and endorsed by so many thousands, including such eminent professional gentlemen as Drs. Helmuth, Guernsey, Hills, Marcy, Dowling, Paine, Blumenthal, Allen, Doughty, of New York; Drs. Thomas, Betts, James, Gause, Dudley, Korndorfer, Martin, of Philadelphia.—Drs. Thayer and Clapp, of Boston.—Drs. Hale, Ludlam, Vilas, Kippax, Hall, of Chicago.—Drs. Buck and McDermott, of Cincinnati.—Drs. Minton, Keep, Aten, Bryant, of Brooklyn,—we cannot but add, if not known it should be by every practicing physician.

* *Facts on Homœopathy*. By H. K. Brasted, M. D., 8 vo. pp. 92. (Lima, N. Y., A. T. Norton).

† *Alcohol. As a Food, a Medicine, a Poison, and as a Luxury*. By Geo. C. Pitzer, M. D., 8 vo. pp. 35. (St. Louis; Commercial Printing Company).

THE AMERICAN HOMŒOPATH.

NEW YORK, AUGUST, 1883.

THE THEORY OF SUBTENSION.

BY

ALEXANDER WILDER, M.D.

Newark, N. J.

Several years since Professor Zöllner, of Leipzig, a savant of much merit and proficiency, propounded a theory of *Transcendental Physics* which elicited much discussion among scholars and other inquisitive persons. It embodied the suggestion of a fourth dimension of matter in addition to those of length, breadth, and thickness, which are now generally recognized. By virtue of this other quality it is affirmed that a body may seemingly occupy the same space with another and so pass through its substance. As the three dimensions named are so many modes of extension conceivable by the mind and comprising what is known and acknowledged in regard to the possibilities, one writer has proposed for this fourth the designation of *subtension*. It would seem to be a principle underlying terrestrial physics, if indeed it is not directly opposed to them, as usually taught and understood.

Other learned men of high character have given their countenance, if not sanction, to this proposition of a fourth dimension. It has not, however, been established beyond the usual range of distrust, ridicule, and aspersion, which are incident to the propounding of a novel idea. Nevertheless, there is much good reason for accepting it; and he who really desires knowledge will give it a candid reception. I have myself a strong conservative attachment for the antique and venerable in preference to that which innovates and disturbs. The quiet of philosophic contemplation is more charming to me than the noise and restless motion of the eager, the ambitious, the explorers of new fields. Besides, I have a mortal dread to be deceived, imposed

upon, and led in a wrong direction. It would be a pitiful discretion, however, to let this instinctive aversion to change, and this fear whether it be of Mrs. Grundy or some other obloquy, deter from learning and weighing new propositions. The field of human knowledge is to be enlarged, and not all on one side, nor in only the directions which any set of men may prescribe. The capacities of the intellect are not yet all known, and there is much, very much, of our real selfhood and faculty to know that has not yet been brought out and made active in this world of time.

We may not innocently belong to those that have eyes and do not see, or ears which they will not employ for hearing. It is perversity to see without perceiving, and to hear refusing to understand aright. Galileo wrote to Kepler that the chief men of science at Padua would not look through the telescope, either at the planets or moon. "How wouldst thou have laughed," said he, "when at Pisa, the first teacher of the Gymnasium there endeavored, in the presence of the Grand Duke, to tear away the new planets from the sky with *logical* arguments, like magic exorcisms!"

Kepler replied: "Courage! Galileo, and advance. If I see rightly, few of Europe's eminent mathematicians will fall away from us, so great is the power of truth."

Such was the prediction of a scientist that was enthusiast, who indulged a sacred fury, and was reverently bold to "think God's thoughts after him." We see the fulfillment on every hand. Kopernik shut up the secret till impending death put it out of men's power to punish him for telling it; Galileo retracted his words in the chamber of torture; Giordano Bruno expiated the utterance at the stake. Now, however, boys would hoot a man in the street if he dared signify disbelief of the heliocentric system. There is reason for hope,

therefore, that Zöllner, Crooks, and Wallace will yet find credit for their "unscientific" knowledge, which is now scouted because it has not been accepted by masters.

Truth, the highest of all, is THAT WHICH IS. It is apprehended in this its real meaning by such minds only as perceive, rather than subscribe to extraneous evidence. This, I understand to be the line of distinction between scientific and philosophic knowledge. The former may be taught, and afford much apparent confirmation of fact; the latter, however, is the real knowing.

What is known about dimensions in our text-books is entirely empirical. We learn it by measuring-lines and comparisons of capacity. Yet these are not exact, nor are the conditions as ascertained, permanent. Heat changes dimensions; and chemistry shows us that bulk is not to be mathematically demonstrated by combinations of atoms. Michael Faraday found that seven hundred atoms of potassium, combining with twenty-one hundred of oxygen and hydrogen, instead of making a mass of four times the size of the original metal, collapsed to the bulk of only one-third. Professor Huxley, following out this idea, declared that matter may properly be considered as a mode of thought. This train of reasoning would seem to indicate that subten-sion is by no means an illogical or even an impossible idea.

Matter is known to us by the faculty of consciousness alone. Then, of course, in their ultimates, in the last analysis, matter and consciousness are the same. Consciousness is the alone entity. From force all matter proceeded and is proceeding; Creation did not take place, but is all the while taking place, because force never ceases. Life, thought and will are entities as real as physical strength, attraction, appetite, and the like; none of them add to the length, breadth, and thickness of the body, yet they constitute it, and their absence is its death.

This much we know: that matter is capable of attenuation to a degree that places the material condition apparently in the background. Dr. Lapham accordingly asks very pertinently: "If matter may be changed to the condition from which it came, namely, to the ethereal condition, as water is changed into steam, then can we consider the phenomenon of transmitting a solid through a solid as altogether beyond the domain of science?"

Steel can be rendered magnetic by the manipulation of skilful mesmerists. So far as we understand the mesmeric operation it is the action of an individual's will on another, or on some extraneous substance. The imparting of magnetic force must be a kind of materializing of energy, changing it from vital to physical. Now it is well known that magnetism is an agency far more universal than the phenomena of the laboratory demonstrate. It is perfectly fair therefore to presume that it may, like heat, overcome for a time the ordinary conditions of cohesion. If, then, it is an effort or action of the will, or the sequence of it, hypothesis of sub-tension is both plausible and reasonable. The will of an individual transforming his nerve-force into magnetism, could for the time dissolve the cohesion of a body so that another body could pass through it; meanwhile the withdrawal of the volition would allow the prior condition to be resumed.

Among our every-day experiments the phenomena of diffusibility of gases illustrates this last supposition. A jar or bag filled with one variety of gas will hold as much of another gas as though the former was not present. The vapor of alcohol will enter any crevice or receptacle filled to its utmost capacity with steam, to the same extent as if no steam was present. Then, after this, the vapor of ether may be likewise added to the same degree. The receptacle will hold as much of either as though neither of the others was present; and it is probable that one might go

on adding new elements in this way indefinitely. The space will contain them all, uncompounded, at the same time, each acting as if it was the sole occupant.

In like manner, we may fill a jar with alcohol to its utmost capacity, so that a single drop will make it overflow. We can then add a sheet of cotton wool, the fibres of which have been well loosened, by introducing it piece by piece, till the jar appears to be filled with moistened cotton instead of alcohol.

The common explanation of these phenomena is based on the theory that there are spaces between the molecules of the several gases and vapors, which give abundant room for the particles of all the others. The chief warrant for this theory appears to consist in its plausibility. The theory of sub-tension has as substantial a basis. It may be counter to accepted doctrines, but it involves no absolute impossibility. It has much probability for its warrant. That probability does not consist merely in the testimony of credible, honest, intelligible witnesses, but in the ulterior, arcane laws of matter itself and its relations to that which is beyond it.

IF NOT HOMŒOPATHY, WHAT IS IT?

BY

GERSHOM N. BRIGHAM, M. D.

Grand Rapids, Mich.

Dr. H. M. Paine of Albany, criticises an editorial in a previous number of the *HOMŒOPATH* upon the ground that it misleads and deceives. These are his words, "You blend high potency practice and homœopathy. How often, times without number, it has been proven that high attenuations are utterly useless in malaria, &c. The effect of your article is decidedly against homeopathy." By whom has it been proven that high potencies are useless in malaria? I

have an opinion and in all modesty will express it. Not for the sake of controversy, but for the cause of truth and the benefit of the same young men who are likely to be injured in the opinion of Dr. Paine. It is that the *true homœopathic remedy is not given*. I wish our young men to take note upon the point made. I have had cases fall into my hands which had been treated for a year with the usual remedy, (quinine), regularly suppressing the attacks, to return as regularly in a week or two weeks, and with *Natrum mur.* 200 have cured the cases without a single relapse, and they yet remain cured after the elapse of years. They have come to me in the acute stage with a constantly increasing severity of the chill and fever for ten days, and when taking quinine at the hands of a homœopathist, and with the prescription of a high dilution of the *true similimum*, the chills and fever have at once been arrested. I wish the younger members of the profession to take note that malaria is cured by high dilutions provided the prescription is homœopathic to the disease, not otherwise, and neither are they cured by a crude drug given in massive doses. At least the disease is only suppressed with the morbid force driven in upon new vital centers. What I affirm as to *Natrum mur.* I can as assuredly affirm of *Lycopodium* and other remedies.

I do not say that cures will not follow the use of quinine in very considerable doses provided it carry with it the homœopathic correspondence. It never will otherwise. I only say that if it be the remedy by the law of correspondence, then there is no need of massive doses. I may safely say that it will not cure the morning chill of *Eup.* per., the 10 A.M. of *Nat. mur.*, the 2 P.M. of *Apis*, the 4 P.M. of *Lycop.* and I am as sure that each and all of these varieties of the malarial type can be cured with the proper remedy in high dilutions. Perhaps Dr. Paine will rejoice that he does not believe it. Well I have no belief about it. I know it, having long ago eliminated every pos-

sible element of doubt. An affirmation is as good as a denial, and in court goes a little further where one is based upon an observation, and the other is an opinion. But grant that Dr. Paine has tried dilutions and failed, the point then is, has he tried them in fulfilment of the law of cure? If others try them and succeed, the presumption is that he fails in the proper selection of his remedy. This is homœopathy, that we meet the indications by applying the true correspondence, and crude or attenuated drugs otherwise given, are not homœopathic prescriptions. I will say to Dr. Paine that I am no stickler for high or low dilutions, believing that either will cure usually, if properly selected. But if I were to be limited to the one or the other, I agree with my friend Wm. A. Allen, and also with my friend H. C. Allen, that I would choose the higher dilutions in the management of intermittent fever. I, of course, consider Dr. Paine honest and sincere in his regard for the profession, but others who may differ with him may be just as honest, and their opinion entitled to equal respect. And in questions of fact their veracity no more to be questioned.

A NEW METHOD OF SPLINTING APPLICABLE IN FRACTURE OF THE FEMUR OR HUMERUS.

BY

WALTER A. HALL, M. D.,

Wausau, Wis.

It is with a keen appreciation of the fact that there are many whose wide reputation gives them greater claims to consideration than we can boast, that we offer this paper. A large practice, while developing observation, at the same time develops more practical thought and research, so that we are accustomed to regard with reverence suggestions from those whose gray hair indicates a long service to humanity in the field of medicine. Less conservative, more theo-

retical, and more enthusiastic, are we the younger members of this same noble profession, with more tendency to investigation in the realms of theoretical discovery, and more leisure for such research. To a certain degree, then, we may expect some new departures, which, founded on the broad basis of a rational conservatism, may add to our never too ample resources. Thus, another bulwark is thrown up, adding strength to our fortifications against disease and pain. Who, by persevering research, be he never so lowly, but can bring out some treasures from the inexhaustible mines of unlimited possibility!

In this method of splinting, we must disavow any claims to perfection, and state emphatically that, if we shall be the means of adverting some greater minds into a new channel of procedure, in these difficult and tedious cases, the purpose of this unpretentious article shall in every particular be satisfied. Let us be willing to gaze in any direction for gleams of truth, "that daylight of the human soul."

Our method is especially applicable in fractures of the middle third of the femur (the most common fracture of the femur), and in fractures of the middle third of the humerus. Modifications may be of use elsewhere.

We shall describe its application in fractures of the femur only. Advantages in this fracture: 1st. The patient is not required to take the bed. 2d. Consequently assimilation, and, we may say, all the organic functions will be carried on more normally. 3d. A probable speedier and surer union. 4th. We hope to do away with the stiff knee.

Application of the splint: The bone, having been set, steady extension will be required, by pulley or otherwise, during the application of the splint. It will be well to place the patient on a table or bed during the operation. Strips of surgeon's plaster twelve inches long and one

inch wide are to be attached by one half their length to the thigh, in two rows, at the upper part of thigh, and just above the knee, as follows: they are to be equidescant one and a quarter inches. The lower half of the lower row are to project unattached below the knee one-half their length. The upper row, attached to the thigh by their lower halves, are to project above the line of the circumference of the thigh at the perineum by six inches of their length. The thigh may now be encased in a folded cloth, or other appliance, to keep the splint from the thigh, care being taken that the cloth does not reach beyond the lines, limiting the attachment of the surgeon's plaster above and below. Two bands are now provided somewhat longer than the circumferences just above the knee-joint and at the perineum respectively. They should be of stout canvass or leather, are to be made by sewing two thicknesses, so that the seam shall entirely close one edge of the band. The other edge is stitched in such a manner as to form pockets equidescant one and a quarter inches. These bands, thus prepared, are to enclose the ends of wooden strips, two-thirds or three-fourths the length of the thigh, and about one inch wide by one-quarter inch thick. The bands are next to be applied just above the knee, and at the circumference of the thigh, just below the plane of the perineum. The strips are to be so applied to the thigh that they shall be pocketed in the bands at one end and that the free upper ends of the lower series fit into the interspaces of the free lower ends of the upper series. The thigh is now encased in a splint, consisting of two intersecting series of strips of wood, one end of each strip being pocketed in either the upper or lower band, one end free, lying between two free ends of the opposing series. Screw eyes are to be screwed into the free end of each strip on its outer surface.

The extra length of band will be

thrown over the last strip of that series, and the ends may be further secured by the roller bandage, or by rubber tubing, as described further on. Now fold over the extra length or unattached ends of the surgeon's plaster, either twisting each strip once upon itself, and attaching it to the outer surface of each strip of wood, or simply fold, and attach to the under surface, of course in this latter case before the splint is drawn up tightly around the thigh.

Two notched blocks may be fastened by screws through the bands to the pocketed end of a wooden strip, above and below, and these ends, firmly bound down to the thigh, by two or three turns of rubber tubing, which should be drawn firmly around and drawn through the notches, which should be transverse to the circumference of the thigh. This may be done instead of using the roller bandage. Cable wire cord, or, if impossible to obtain, strong cord is now to be drawn through the eyes, as follows: it must pass from the eye in the upper extremity of a strip in the lower series, to the eye in the lower (free end) end of the adjacent strip of the upper series, passing around the thigh in an acute zigzag from the upper end of a lower strip, to the lower end of the next upper, and thus passing through the eyes in all the strips. We have now the lower and upper series of eyes connected as above.

It must be quite evident that by drawing the free ends of this cable wire cord, the lower ends of the upper series and the upper ends of the lower series, will all be drawn toward the center of the splint, thus lengthening the splint and extending the thigh. Owing to the strength of the wire cord and of the bands, any reasonable amount of extension may be accomplished. Counter-extension will be accomplished by the bands, at the knee and upper part of thigh, assisted by the surgeon's plaster, which is attached just above the knee, and at the upper part of the

thigh, the strips being doubled over the two hands and attached along the surface of the wooden strips. Draw this cable wire through the last eye, so that the two ends cross here. It will be well to run two pieces of this same wire cord through the upper and lower series of eyes, and bind down the strips by drawing the ends firmly, and twisting them together, before drawing up our extension cord. To do this, powerful extension being applied to the leg by assistants or the pulley, draw firmly on the crossed ends of wire cord and twist over the eye. If preferable, strong cord may be used, made to cross the same way through this eye, and pass through a hole or pulley in the outside long splint, having some weight attachment for extension.

The long outside splint is used, and a shorter inside one, with these modifications: They are made of two pieces so adjusted as to give an angle of 45° or more at the knee, and with narrow cross strips at the foot, set at the proper angle. By bandaging the long splint to the body, the *two* to the thigh, to the leg, and to the whole length of the foot, which lies between the two cross-pieces, eversion becomes a simple impossibility.

Crutches being provided, the patient may be allowed to get about. Remove the long splint when necessary to bend the knee. A movable joint may be made in the long splints if preferable, by having a hinge posteriorly, and a rod, sliding in a hole or groove anteriorly *at the knee*, but it will be necessary in this latter case to fasten up the leg, at a desirable angle, to the thigh, in order that the foot be kept from the ground.

Of course, in fractured femurs, nothing would be required but the intersecting splint, which could be made of requisite strength and size.

ARE THEY UTTERLY USELESS?

BY

GEO. M. OCKFORD, M. D.,

Vincennes, Indiana.

In the June number of the HOMŒOPATH, (page 171) there is a communication from Dr. H. M. Paine, in which the writer asserts that "times without number, it has been proven that high attenuations are utterly useless in malaria." Well, he has had his say. Now let me have mine. I deny that high attenuations are useless in treating malarial affections, and unhesitatingly affirm that high attenuations are curative in every grade and variety of malarial disorders. And there are scores of reliable physicians who will acknowledge the same to be true. Who has proved that they are useless? Is it men who are too prejudiced to make use of anything higher than the third decimal? or is it doctors whose residence has never been in a malarious region and who judge solely on hearsay evidence? One thing is certain, the writer cannot prove his assertion of the uselessness of high potencies in malaria by anyone who has ever given them a fair trial. I am not an extremist, but my experience enables me to say positively that all forms of malarial diseases may be cured by the proper administration of highly attenuated medicines. It is not the exceptional cases that can be cured by these means, but the majority of all cases that occur. That all cases are not cured by any form of remedy I am well aware, but cases have come under my personal observation that were undoubtedly cured with high attenuations. It may be asked why we who claim such power in high attenuations do not cure all our patients suffering with malaria with them. There are various forms of malaria, and some are more easily cured than others, not so much on account of the inadequateness of the remedies as from other causes. For instance, in acute quotidian or tertian ague, generally, in a majority of cases, the

peculiar symptoms incident thereto are not obtainable. I have prescribed for innumerable cases of malaria, when the sum total of symptoms that could be elicited was that there was a chill, fever and sweat, an array of symptoms that no one with a grain of sense would trust himself to prescribe a remedy according to the law of homœopathy upon. Well, cases of that kind are not usually cured by attenuated doses; but when it is possible to get a perfect account of the diseased condition and its symptoms, and to give a remedy whose symptoms correspond, the high attenuation will equal or surpass the action of the surest anti-periodic. We have no one specific, and the selection of a remedy to be effective must be made with the utmost care. I have witnessed cures made with the 6th, 30th, and 200th potencies of Arsenicum, Ipecacuanha, Eupatorium, Nux vomica, Sabadilla, and other remedies. And these results have not been obtained in the closing stages of an acute intermittent, but in the most inveterate class of cases. Ordinary tertian and quotidian ague will run a course of about six weeks, and in using anti-periodics (so called) it is necessary to fight the disease for that length of time in order (not to cure the disease) to suppress it until it has run its course. If it is allowed to return through a neglect to administer anticipating doses of the anti-periodic drug, the disease assumes a new lease, and its original course is interfered with and prolonged. Any thing that will prevent the occurrence of a paroxysm during a period of six weeks will prove curative in the case of an acute intermittent, by keeping it suppressed until it has run its course and ordinarily it is a self-limited disease. There are exceptions, and among these are the chronic malarial poisoning or *intermittens sub-continua* and in some sections a form of quartan ague, both of which run an indefinite course. I have known cases of quartan ague treated with quinine and anti-periodics of all sorts

to persist for more than a year without cessation. Quinine is absolutely useless in "three day chills," and its administration does harm in the majority of cases of the chronic malarial affections. On the other hand high attenuations are of the utmost value in the treatment of these diseases. In fact they are the only class of remedies that I have any faith in for the treatment of either chronic malaria or quartan ague. The latter I have cured with *Pulsatilla*, *Hyoscyamus*, *Veratrum*, &c., none of which were administered in an attenuation lower than the 6th. It requires close study of the materia medica to achieve good results from the use of high potencies, but it follows just as sure as the night does the day. Another thing which shows that high potencies properly prescribed are curative, is the fact that without fresh exposure, there is no return of the disorder when cured by their action, as there is almost invariably when the disease is suppressed by the action of heroic doses of the so-called anti-periodics. Dr. H. M. Paine or anyone else may proclaim that high potencies are useless in malaria, but having practiced for years in a highly malarious district and having a reason for the faith that is in me, I shall always maintain my position and testify to their beneficial effects.

HERNIA.

BY

GEO. H. TAYLOR, M.D.,
New York.

The protrusion of a loop or segment of intestines through the lower border of the abdominal wall, is a symptom from which a large minority of civilized people suffer. This fact, known specially to all surgeons, and which appears to support a flourishing trade in "appliances" of various sorts, justifies a more thorough inquiry into the nature of the affection,

and the relevancy of its ordinary treatment to the actual requirements of the affection.

The manifestation now referred to, may be regarded in two distinct ways; either as an isolated, self-subsistent, causeless fact; or as a necessary effect of causes upon which it entirely depends, and which of necessity, must disappear with the subsidence or withdrawal of the causes of which it is an indication and product.

The profession and the public practically unite, in the first stated view of the affection. The sufficient evidence of this is the fact that the sole purpose of the remedies proposed and applied, is to *conceal* the *protrusion*. Both physician and patient appear content with exterior mechanical opposition to the descent of the loop of intestine; to this end obstruction to such descent is made, without the least inquiry as to the cause of the descent or of the rupture of natural bounds of the abdomen, or the least suggestion offered as to obviating the cause, either before or after the occurrence, which so excites sudden alarm. The whole of the prolonged and never ending war of the "Trusses" seems never to have brought to light any idea in reference to the affection, beyond that of stopping the orifice in the abdominal wall, through which the descent of a fragment of intestines is feared, by some sort of ingenious patented plug.

These statements are not unmindful of the so-called *radical* cures, sometimes followed by a weakly and limited success. This mode consists in superinducing local inflammation at the weak point where the bowel emerges, which by increase and condensation of connective cicatricial tissue, may form such a barrier as to dispense with the exterior compression afforded by the truss. To say nothing of the painfulness and the uncertainty of this recourse, it must be admitted to ignore the causes of the affection; equally with the other

and however successful, is no more of a cure in the higher sense of that term than is the exterior mechanical repression.

All mechanical exterior appliances, supports, trusses, of whatever name or kind, uniformly, not only fail to remove or even to recognize the substantial *cause* of the affection without which it cannot for one moment exist, however it may developed, whether recent or otherwise; but such appliances are uniformly damaging in several ways.

They restrain muscular action by the pressure of the girdle about the body, essential to hold the apparatus in place. This belt or girdle must be *tight*, to keep the pad from gliding. This restraint is therefore certain to diminish the action and the power of the muscles over which it is drawn.

Further than this, the pressure of the pad induces absorption of the tissues upon which pressure is made. This is a well known law of physiology. In this way the tendency, to *diminish* the organic structures at the point thus compressed, is quite certain to *increase* the original difficulty, as regards the hypothetical opening through which the descent occurs.

Worse than these because the source of these injurious effects of the truss, is the *surgico-morale* of its use. The constant and exclusive attention given to the sensory phenomena, which is fostered and insured by mechanical repression, appears to cause practical disregard of the true etiology of the affection. This impotency of things hides the potency of forces; the visible phenomenon, perhaps the pain, present or possible, displaces the remaining facts from mind, which, unfortunately for science, as well as for immediate recourse, are the essential facts, without which all practical details are the baldest empiricism.

To sum up this indictment against the popular, it may be said, the universal method of treating hernia: It does really nothing toward curing the affection, substituting, therefor

its concealment, or more accurately, concealment of its visible effects; the process of concealment weakens the physical powers, and insures indefinite prolongation of the affection; it ignores etiology, and makes not the least reference to the possibility that the affection potentially exists in its causes. These are perfectly intelligent, easily understood, even by the victim of trusses, and easily removed, when guided by intelligence.

In extreme contrast with this impotent war against consequences while causes continue unabated and unrecognized, is the physiological method, whose therapeutics are based entirely on etiology. This basis is practically all and sufficient, and requires no accessories. Its methods and its results are radical, removing effects in removing causes.

This method positively returns the extruded portion of the bowel and, what is better, *returns it beyond possibility of subsequent extrusion*, at the old point or at any other. No "appliances" bandages, trusses or other exterior mechanical devices of any description are required, either in aid of reduction or subsequent treatment. These have no other power but to hinder the actual cures, as distinguished from the factitious.

So far as principles are concerned, there is no exception to the universal applicability of the physiological method in hernia. In cases of prolonged strangulation the ready relief afforded by the knife should, by all means be had to prevent disorganization of tissue. This recourse, however, does not relate to the cure, but to the immediate mechanical necessity which grows out of neglect. The causes to be removed are precisely the same after reduction as before, with which the surgical operation does nothing toward removing. To effect this purpose of actual cure, there can be but *one* method, actual or possible; and that it devolves on us to explain, describe, represent, demonstrate, and to call on others, physicians and laymen, disprove and refute.

In proof of the statements herein made it is proposed to establish, first, by the hard and undisputed facts of anatomy and physiology, and especially by calling attention to certain of these which have demonstrable and undoubtable application to hernia but which have most unaccountably escaped attention; second, by such confirmation of these facts and principles as are afforded by actual cures, of both recent and of long standing cases of hernia, the evidence being, the non-use of trusses or other supports for the cure of acute cases, and the permanent removal of them, after having been made unnecessary; third, by such detail of methods and of practical directions that a sufferer, even though weakly and long accustomed to the mechanical support, may through his or her own intelligent personal self-management, become emancipated from the infliction of the instrument and of the affection it conceals, together.
(*To be continued.*)

PATHOLOGY OF CHLOROSIS.

BY

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Considering the insidious character of the incipient stage of chlorosis, and the obscurity of its true cause, the theories advanced in regard to its pathology in the present state of that science can only be regarded as conjectural. The prevailing opinion, however, has been that the disease is one of the blood, consisting essentially in a diminution of the hæmoglobin; the other elements of the blood often remaining normal in quantity and quality. Several eminent clinical observers and pathologists affirm, however, in opposition to this, that chlorosis sometimes exists with all its characteristic phenomena where there is not the least change in the elements of the

blood, thereby throwing the gravest doubts on the theory.

Others assert, with great positiveness, that chlorotic disorder in females has its origin in an abnormal sexual evolution, the various characteristic phenomena being consequent on that condition. This notion, however, is opposed by eminent diagnosticians and pathologists, who declare that the disease occurs in girls as early as the sixth year of age, and in women at the age of forty-seven years; thus proving clearly that chlorosis is not necessarily one of abnormal evolution. The same authorities also affirm that the disease also exists in the male, establishing the fact that it is not strictly confined to either sex.

At the present day the theory that chlorosis is a disease of the ganglionic nervous system has as its advocates some of the ablest medical scientists, and demands the careful consideration of the profession. The evidence so far adduced in its favor is, in the mind of the writer, more positive and conclusive than that promulgated for any other that has been considered.

The clinical history of chlorosis usually refers primarily to morbid phenomena of the nervous system. A peculiar sensitiveness and shyness have been observed prior to other symptoms, such as the loss of appetite, unnatural cravings, or failure of the digestive functions, and abnormalities in menstruation. The individual is emotional, irritable and fickle, and sometimes depressed. The entire sympathetic nervous system is in an unnatural state. Then come palpitation of the heart and headache, and a feeling of lassitude on slight exertion, to be followed by that long train of phenomena that constitute chlorosis. Those who are familiar with the normal and morbid physiology of the ganglionic nervous system will hardly be at loss to find a satisfactory explanation of the phenomena and the conditions producing them.

The fact that the action of the heart, the appetite and the processes of digestion and secretion, and hence of nutrition and blood-making, are affected by a disordered condition of the nervous system is patent to all medical men. The menstrual function, too, is often profoundly disturbed during the entire menstrual life of a woman, by abnormal nervous influences. Especially is this true of the period of puberty, the age at which chlorosis is most prevalent. The cytogenic organs are also more or less affected both in health and disease. Nor should the influence of the vaso-motor system be lost from sight when studying the phenomena of chlorosis. Indeed, the further the study is pursued in this direction the more apparent will be the hypothesis that chlorosis is essentially a disease of the ganglionic nervous system.

MENTAL PATHOLOGY.

BY

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New York.

(Continued from page 154.)

As the loss of co-ordinate power over the movements reveals any disorder of nerve element in the spinal centres, so is the loss of co-ordinate power over the ideas and feelings revealed by a deterioration of the will.

It is well known, that when the disorder of the spinal centres is sufficiently great, all co-ordination of movement is lost, and we have convulsions. So when the disturbance in the supreme ganglionic cells of the hemispheres is sufficiently great, all co-ordination of thoughts and feelings ceases; there is convulsive reaction of the cells, and the individual is either a complete maniac, or his thoughts and actions are dominated by a few persistent, morbid ideas.

Herein we have the subjective etiology of volitional insanity.

In complete mania, where we have

all other forms of mental disturbance combined—insomnia and restlessness are first noticed—always followed sooner or later by a perversion of the moral sense. Memory may not be impaired in the least degree, and the amount of method that may be manifested is something wonderful; and the cunning displayed to circumvent attendants often serves to deceive.

Happily the manifest tendency of all forms of insanity—and especially of mania, unless controlled by judicious and successful treatment in the earlier stages, is to that last and finally fatal one of dementia.

It is not essential to our purpose to consider the characteristics of this form, excepting that which is known as *Senile-dementia*, a form that cannot be regarded as mental aberration, but rather that of mental deprivation—respecting the extent of which the physician is called upon to form and express an opinion oftener than all other forms of mental unsoundness—by reason of the question being so often raised as to the testamentary capacity of the aged and infirm.

The first symptom is impairment of memory, more particularly of recent events.

Recent impressions may be rightly apprehended, but they are not retained. Still if such a person retains unimpaired the power of reasoning within the scope of his recollection, he is entirely capable of making a lawful and reasonable disposition of his property.

Often after the attention has been aroused and facts brought clearly to mind, they may be correctly apprehended, and the judgment may be sound in regard to them for the time being, though in a few days all recollection of what was said and done may have passed away; and for that reason, although from loss of memory of present circumstances and conditions he may not be competent to take care of himself or manage his affairs, he may nevertheless be capable of making a just and legal will. In this relation, consideration must

always be had of the possibility of the intellect being so weakened that undue influence can be brought to bear upon him to the extent of dominating his volition, and therefore controlling his acts. It has been my province on several occasions to testify in the Surrogate's court as to my opinions as well as knowledge of cases of this character, and basing my opinions upon the principles above laid down, have had the satisfaction of seeing them sustained by the judgment of the Court.

Having thus briefly glanced at the nature and variety of the pathological phenomena of mind, it only remains to consider the etiology of such phenomena, at the same time noting the great aid a correct knowledge thereof will afford as to the exact condition and prognosis.

First in order we have morbid heredity. But it must not be understood that mental derangements alone in the ancestors give rise to the insane state, but that it has its origin in a multiplicity of forms of nervous disorders in the progenitors, such as epilepsy, neuralgia, a high grade of hysteria, dipsomania, hypochondriasis, and where the neurotic diathesis, being fundamental, predominates.

A celebrated French investigator traced with great care the history of one family in its downward course of mental degeneration through four generations in the male progenitor. In the first there was immorality, depravity, alcoholic excesses and great moral degradation.

In the second there was hereditary drunkenness, maniacal attacks, ending in general paralysis.

In the third, although there was sobriety, yet there were hypochondriacal and homicidal tendencies and delusions of persecution.

In the fourth, there was defective intelligence, mania at sixteen years of age, stupidity, and transition to complete idiocy, and happily extinct of the morbid line. What a valuable and instructive lesson is here taught of the wisely conservative powers of

nature in the fulfillment of law—to guide those in authority in the care of the criminal and insane—for as the individual becomes an anti-social element, and unfit to perform his functions harmoniously in the social organism, he is regarded and treated as one only fit to be exiled from it.

Lastly, as causes, we come to the consideration of the varied conditions in life, habits, circumstances and pursuits of individuals.

It is a matter of history, that among nations and peoples who have made great and rapid strides in civilization, with their interminable struggle to advance in education, wealth and social position, with all its disappointments, dissatisfactions and possible retrograde changes following progress to a high stage of evolution, there is a great and constantly increasing amount of mental derangement.

There is no more efficient cause of mental and moral degeneracy than the mean, sordid, selfish, vulgar life of a tradesman, a speculator or a financier whose sole thought, aim and end of life is to hoard up petty gains by a course of systematic fraud. Every outgoing steamer carries its quota of these miserable mental suicides in an often fruitless search after that priceless boon, "a sound mind in a sound body." They may escape possible cerebral paralysis or softening, but a sad mental heritage will be probably transmitted to their unfortunate offspring. An equally potent factor in the production of mental disorders is religion, so-called.

Having faith for its foundation which is never the result of reason, but has its root in the unconscious part of man's nature—appealing only to hopes and fears for its strength, it becomes not a matter of wonder that the emotions are unduly stimulated and aroused, to the extent of mental aberration. In the attempt to literalize what in the Biblical writings was never intended to be regarded as anything but typical and figurative in their teachings—in attempting to reason out the unknown mysteries of

the unknowable, the intellectually feeble-minded, with a preponderating emotive, affective development, as certainly become unbalanced, and are often prompted to the commission of deeds the very contemplation of which causes the mind to recoil with horror. Of such, is the Pocasset tragedy, where the religious fanatic Freeman plunged the knife into the heart of his child, in the delusion that his faith must have the same test as Abraham's.

In the course of a somewhat general and active practice in this city during the past twenty-five years, I have had an opportunity to personally observe at least a score of cases of mental aberration, in every variety of form and from all the various causes detailed. All had deplorable, and some of them tragic endings. I recall five as of special interest, inasmuch as they were heads of families, and of business pursuits and relations, upon which the well being and support of their families depended. One a practical engineer, had, by assiduous attention to business for twenty years, amassed a sufficient competence for the support of his family in comfort.

But eventually it was observed that he manifested certain abnormal mental conditions. He began to be unstable in actions, unreasonable in his requirements—vacillating in thought, and uncertain in conduct, with an especial perversion of moral sense. He frequently complained to me of pains in his head—which under the conditions under which he was placed did not yield to treatment, he was irascible and neglectful of business, and the result was he became a bankrupt in comparatively short time. By an enforced idleness while subsisting upon the charity of friends in a distant part of the country, he became partially restored to his former mental vigor, and is now able to barely earn the necessities of life for himself—but is hopelessly isolated from his family. (Since this was written the person referred to has com-

mitted suicide by a pistol shot wound in the head.)

Another, the head of a large dentistry business which he had labored for years to establish, began to show evidences of unsound mental condition, chiefly by a delusion of his enormous wealth—with threatenings of violence to his wife and children. It became necessary to commit him to an asylum, and at the end of three years he died a complete imbecile from cerebral softening.

The third case, the head of a firm dealing largely in commercial paper, was observed to enter into wild and unsuitable business transactions, having the delusion of his enormous wealth, till at length a trip to Europe was advised and made for the two-fold purpose of a possible restoration to health and to place him beyond the opportunity of hopelessly involving his business in ruin, but he returned on the same steamer a hopeless maniac.

The other two were tradesmen in this city; one in a small retail business, the other a large commission dealer. Slight business troubles were magnified tenfold by a delusion of impending ruin, till at length a suicidal impulse was engendered and both ended their "sea of troubles"; one with the rope—the other with the bullet. I desire to emphasize the fact that in each of the cases related, there was a marked prodromic stage, with decided evidences of cerebral disease long before the commission of an overt act, and I repeatedly insisted upon the necessity for taking active measures to place them beyond the means of harm. You have doubtless had repeated occasion to realize, as I have, how adverse public opinion, as well as the ministers of the law, seem to be to taking active and immediate measures to place the unfortunate victims of cerebral and consequent mental disorders under proper conditions for treatment and restraint in the incipient stage of such disorders. But there is hope for a better public sentiment in the near future.

It is a subject of gratulation to see the profession patiently investigating the true nature of mind in its pathological conditions, and unmistakably demonstrating that these conditions are the result of some form of cerebral disease; that wherever there are differences or changes of function, there differences or changes of structure and composition and connection do exist. So evident is this truth that the eminent physiologist and pathologist, Schroeder Van der Kolk ventured to assert that he never failed to discover pathological changes where there was abnormal mental function manifested; as, for instance, where intellectual disorder amounting to madness existed he found the cortical layer under the frontal bones darkened, more closely adherent to the pia mater, or softened.

At the same time the intelligent portion of the community begin to realize that public policy demands greater care and restraint of the insane, especially those in the incipient stage. Every daily paper records the commission of some fearful crime, resulting from the fulfillment of the laws of morbid heredity, or from an overtaxing of the mental faculties, either in the counting-room, the banking house, the tradesman's hall, or the mechanic's shop, or as the results of the unceasing, frenzied diatribe of some bigoted, religious zealot.

Who will soon cease to remember the excited state of the public mind but a short time ago, when he who had for years been regarded as but an eccentric, harmless Frenchman, jeopardized the lives of scores of people by running a muck down 14th street, causing the death of at least one person. He has since been adjudged insane, as he doubtless had been for years.

There are many such poor, unfortunate inhabitants of the "border land"—situated just beyond the hitherto recognized boundaries of sanity, and hitherside the line that a jury "*de lunatico inquirendo*" would

decide as being that of the insane state.

To such let Maudsley's criterion be applied in every suspected case, let a revision of the law be made as applicable to such cases—hedged about by all the safe-guards conservative of the rights of the individual—but primarily consistent with public policy and safety.

The introduction of bill No. 94 into the Legislature at its present session, is a step in the right direction—and it is greatly to be desired that this or some better measure if possible should be enacted, with the ultimate purpose of sequestering the victims of incipient forms of cerebral and nervous disorders in suitable institutions for treatment.

Another thought in conclusion. In view of the gravity of the issues at stake, it appears to be the imperative duty of the entire medical fraternity, to direct and exert a united influence for the purpose of stamping out the recently developed "habeas corpus" epidemic, having its origin in a morbid sentimentality—and for its object the release from asylums, those lawfully committed thereto, for restraint and treatment. Happily, by the interposition of our courts, the efforts are not always successful.

Let public opinion be educated, through the medium of the press and from the rostrum, to the point of understanding, that all mental pathological phenomena are the result of some form of cerebral disease, the treatment of which can only be conducted with any reasonable hope of success in institutions, or sanitariums especially provided for the purpose—and by physicians qualified by education and experience; that inasmuch as experience has demonstrated that in a large majority of cases of confirmed cerebral disease, the prognosis is extremely doubtful—those suffering therefrom, having been placed under restraint and treatment by due process of law—ought not to be released except by the advice and consent of those having them in

charge. While such a procedure might in a few instances be prejudicial to the interest of the individual—it would be a guarantee of security and safety to the public.

THE PHYSIOLOGICAL EDUCATION OF GIRLS.

BY

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The physiological education of our adolescent women from the age of twelve to that of eighteen years has not received the attention which it demands. It is high time that writers who are properly qualified to treat so important a subject, should set themselves about producing a work that will meet the great want in this direction; so that the coming generation of girls can be taught to know themselves better in every respect, and be better able to fill their places in life as young women, wives and mothers. When this is done, we shall have better girls, better wives, better mothers, and consequently a better and vastly superior race of women and men.

We cannot blame the mothers of the present day. They are not educated up to that standard themselves, and consequently they cannot teach their daughters properly in these respects. I cannot see why a young girl should not be taught all that pertains to herself as a wife and mother, as well as to be taught to do housework. Certainly it is of much more importance than teaching her to make fancy-work, or to study half a dozen languages for which she may have no taste and will perhaps never make use of. The time has passed when the education of girls in all that which is of vital importance to themselves and their future good health and happiness is shut out from them under the flimsy pretext that it is not good for them to know aught of themselves or their future lives.

The bar and pulpit have opened their doors to women. So have many of the medical colleges; and who shall say that the lady-student has not attained proficiency equal with that of her brother-student in the same profession?

It would not be safe or true for any one to assert that women have not graduated with as high honor as the male members of the same class. Young girls and young ladies as a rule are kept profoundly ignorant of themselves and of what their future lives are likely to be, providing they enter the matrimonial relation. They become wives and mothers in total ignorance as to that part of their lives. Now what shall be done? Where is the remedy? There is none, except through education in that direction.

Who shall dare to take the lead in writing a work that will be acceptable to the public; a work containing such matter, such explanation, such knowledge as the young girl and woman need and ought to know at an early period of their lives?

At the early age of fourteen years most young girls menstruate, and are for the first time made aware that it is a natural function and will occur monthly for years. This naturally begets as strong desire to know more of and about themselves and what this peculiar change means. As a rule they are put off with the remark: "Oh, when you are old enough you will find out;" or "You will know soon enough; you are too young now." This naturally and almost necessarily leads them to seek for the desired information in other directions. In nine cases out of ten they are then likely to be told much that is detrimental to them; whereas, if their mothers had taken pains to inform them, or had had a good work on the subject to place in their hands, the daughters would be put in possession of the truth, and at once properly instructed in regard to this function, to them all important. The general opinion may be that they are too young to know all this: if that is

true, why should they be placed by nature, at so young an age in the condition to become mothers? It is sheer nonsense to advance such a plea. They are reminded each month; and do what you will or can, the desire to know more about this function, and themselves, will outweigh all arguments that may be advanced upon the subject. It is unmistakably evident therefore that they should be fully and faithfully be taught in relation to this epoch in their lives.

This is not true of their physical condition only. They should be taught the anatomy of their sexual organism. They should be made able to understand normal and abnormal conditions, so that they will be able to give accurate information to their medical attendant if they should need one. This is very important during their single lives, and more particularly during child-bearing. In confinement especially, the woman should be competent to give the physician all information that he may desire to assist him and herself during this important event. The abject and total ignorance which I have met with during my long professional life among young expectant mothers has been truly lamentable; and it has for years been my desire to call the attention of my medical brethren to the subject. I have only waited till the public mind should be better prepared to consider the matter and look at it in the true light. I am fully aware that very many will utterly disapprove such a course in the education of their daughters, and will not tolerate it till they have been themselves educated up to the proper standard. It is an every-day occurrence with me to hear women of mature years say: "Doctor, I do not know anything about myself." It is not pleasant to be under the necessity of explaining these things to patients, especially to young ladies. They go home and generally repeat what is said to them. It is very becoming for them to do this. Yet their ignorant and ill-judging mothers

will be prone to regard such circumstances in a wrong light, and think that the doctor has overstepped the limits of all propriety, although in fact he has only asked such questions as will enable him to properly diagnose the case.

Young ladies suffer month in and month out, not daring to say a word even to their mothers, through ignorance and fear of being thought forward. They continue thus to suffer till they are broken down in spirit and health. Look around you and count the sickly girls who have reached a marriageable age, and ask yourselves: "What is the cause of all this prostration?" Count the young women with a brood of three to six children in as many years of connubial life, who were married without a thought of what was to come, or what would be expected of them as wives and mothers, especially as mothers. Housekeeping, with all its cares and constantly-increasing families to manage, shut them out from society during the best part of their young lives. For the lack of proper knowledge in all things pertaining to themselves and children, they are only able to drag on a miserable existence till they are completely broken down and are old women at thirty-five.

I am speaking of those who are not blessed with a large amount of pecuniary means, who comprise over two-thirds of our population. At the same time, nevertheless, the rich are as ignorant, but have the where-with to purchase all they need, including nurses and all the to-be-bought comforts of a sick room and a home.

There is not one man, I may safely say, out of twenty who rightly understands or even imagines what his wife's cares are in and around his house. As a rule he is so exclusively engaged in procuring a livelihood that it is impossible for him to understand it. His shirts are in perfect order; his meals are ready; his children meet him and seem happy. How can he know just what is needed to lift the burden from his wife's shoul-

ders? For fear she will annoy him after his hard day's labor in the field or at the desk she will frequently endure in silence till too late to obtain aid. If there could have been put in the hands of this young couple a work on this subject, of vital importance to both, all this might have been saved or at least mitigated. All concerned would be made better and happier by having been educated up to the proper standard in all matters pertaining to the young and the married life. When some competent writer shall compile a proper work upon this subject, in popular language and suitable for the home, there will be ground to hope that the health of our girls will improve, but not till then.

RECENT GYNÆCOLOGICAL RESEARCH.

BY

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The present paper is a partial review of the records of Gynæcology during the past year. I have not found much that is new in itself, but the old ground is being reviewed, practical facts are being brought out which tend to limit the domain of gynæcological surgery, while those of therapeutics and hygiene stretch broad and wide before us. In these we have much room for our future progress. Preventive measures as well as curative claim the attention of earnest minds.

The value of trachelorrhaphy in appropriate cases is strongly insisted upon with the caution that the surgeon's zeal must be tempered by discretion. It has been suggested that the comparatively prevalence of cervical lacerations requiring treatment as indicated by the attention given to this subject in British and American practice may be due to the larger proportion of assisted labors in the latter,

(Thos. M. Madden, Obst. Soc., Dublin, Am. Jour. Obst.)

He calls attention to the accident as one of the causes of flooding and gave the history of several cases, with the observation that the next generation of midwifery practitioners will more often witness this accident if the practice recently advocated of applying the forceps before the natural dilatation of the os becomes generally adopted. The cicatrices resulting from cervical lacerations he claims to be a more frequent cause of tedious labor than is generally supposed.

W. Gill Wylie, M.D., (Am. Jour. Obst., Jan. 1882) remarks that it would be well if physicians would take as much pains to prevent the accident as they do to prevent laceration of the perineum. He calls attention to a fact we have often observed, that nausea during pregnancy is a pretty certain indication of an unhealthy condition of the cervix. He advises that the cervix be put into as healthy condition as possible before labor, while during parturition all our obstetrical knowledge be brought to bear in safely guiding the head through the cervix.

He warns against the too long and too frequent use of Churchill's solution of iodine in the cure of erosions as it will contract the tissue to the extent of a troublesome complication.

Carl Schneder, M.D., (Am. Jour., Obst., July, 1883) has a new method of operating, he excises the morbid mucous membrane and unites the laceration by one operation. He thinks the ectropion largely due to *previously* exciting catarrh which prevents the healing of lacerations which always occurs to some degree during labor.

Gordell of Phila. (Am. Jour. Obst., 1882) attributes the preponderance of bilateral lacerations coming to our notice to the fact that when one side is torn only, the other acts as a splint and the lips of the fissure do not gap to the extent of causing ectropion to

a pathological degree. In operating he passes the suture deeply to avoid secondary hemorrhage. He never ventures to check troublesome hemorrhage during operation with astringents, but passes a wire under the bleeding vessel, this wire he afterwards utilizes as a suture. Experience has made him less sanguine of the results of trachelorrhaphy. He believes the operation indicated in hereditary tendency to malignant disease even when these are no local or constitutional symptoms. Contrary to the opinions of the best Gynæcologists he ventures to operate and this successful in stubborn, sub-acute peri-uterine inflammation, believing that the laceration keeps up the inflammation by causing undue afflux of blood to the organs. He warns against making a tear of the cervix, the scape goat of nervous explosions which are really due to nervous exhaustion or to nutritive changes in nerve centers rather than to traumatic injury to their extremities.

Dr. P. F. Mundé, Obst. Soc., N.Y., Am. Jour. Obst., May, 1883, reports a case of death from septicæmia and peritonitis after trachelorrhaphy. The case was marked by high temperature, but no pain, indeed, there was but little pain during the operation which was done without an anæsthetic, there was no sign of peritonitis until after the sutures were removed, union was perfect.

He also repeats a peculiar case of reflex syncope produced by pressure upon the cicatricial plug of a lacerated cervix—cured by operation. For three years the woman apparently went to sleep during coition. And was only awakened with difficulty when she seemed unconscious of the act. While touching the angles of a bilateral tear, receiving no reply to the question if she experienced pain, the Dr. glanced at her face and saw that she was apparently asleep, breathing was regular and color natural, shaking, calling and forcibly pressing the cervix did not arouse her, deep pressure over the ovarian region awakened

her, she seemed utterly unconscious of what had occurred. Re-examination caused the same phenomenon to recur. The edges of the rent were smooth, touching them gave no pain.

Ed J. Gill (*Am. Jour. Obst.*, Mar., 1883) reports a case of puerperal mania cured by trachelorrhaphy. The case was characterized by anæsthesia, she could not distinguish hot from cold food, or hot from cold water used as injections. This continued from June to October, until operation.

Richard C. Allen, M. D. (*Hom. Jour. Obst.*, Aug., 1882), reports a case of cauliflower fungosity of the cervix the size of a walnut, by the use of perchloride of iron and tannin used locally every other day for two months. The case had been considered epithelioma by two physicians. The condition depended upon laceration of the cervix, which was also healed without operation.

The tenor of thought on the subject of trachelorrhaphy is that the cases must be carefully selected. It is generally acknowledged that marked ectropion with enlarged glands of Naboth, leucorrhœa and menorrhagia are indications for operating.

Dr. Vedeler, on Displacement of the Uterus (*Archiv für Gynäkologie*) brings data, the largest hitherto collected, embracing all the conditions of adult women. He examined 3,012 single and married women, those who complained of pelvic troubles and those who appeared and claimed to be perfectly healthy. Antelexion was present in more than one-half the whole number. 71 per cent. in the healthy and 70 per cent. in the ailing. The so-called normal position was met only in 7 per cent. of the healthy and in 6 per cent. of the complaining. In healthy multiparous women the normal position was found in 9 per cent. only, and antelexion in 71 per cent. In multiparous women who complained of pelvic symptoms the normal position was found in 15 per cent., and antelexion in 56 per cent. Of 1,215 single and

multiparous women antelexion was found in 68 per cent. Of mothers, the normal position was found in 22 per cent. in healthy and ailing, antelexion in 38 per cent.

In all cases except in early pregnancy, antelexion was met in 80 per cent. Of a total of 1,215, 920 had no uterine suffering. In about 75 per cent. of healthy women who have not borne children the uterus is in a state of anteversion or antelexion. The same is found in 70 per cent. of those who complain of uterine suffering. It is further found in virgins, multiparous and mothers the frequency with which any given position of the uterus recurs in health, is so nearly the same as the frequency with which it is met with in disease, that it is not possible to charge any displacement with being the cause of any symptoms. Of 414 healthy virgins, 45 had retroversion and 13 retroflexion. Of 506 healthy multiparous women, 47 had retroversion and 17 retroflexion. Of 584 healthy mothers 57 had retroversion and 69 had retroflexion. Of 1,504 healthy women, 284 had backward displacement; of 1,158 suffering from uterine symptoms, 259 had backward displacements. So that retroflexion and retroversion may exist without causing symptoms or they may go along with functional derangement which they have no share in producing or modifying.

Dr. Herman, on the relation of backward displacements of the uterus to painful menstruation—Obst. Soc., London, (*Lancet*), claims that there is no evidence that flexion ever obstructs the canal, or that dysmenorrhœa is ever due to congestion from strangulation of vessels at the point of flexion, but that anatomical facts had been produced to show that the congestion might be and was due to the presence of the utero sacral ligaments upon the veins of the broad ligament. He also claims that antelexion does not hinder the escape of the menstrual fluid—pain and flexion may coincide, but the pain bears no

relation to the degree of the bending that there is no evidence to show that straightening the uterus invariably or even frequently removes dysmenorrhœa, which is associated with flexion. (*Brethnall Ret.*, 1882).

If these recent investigations approximate to the truth, physicians will be compelled to more rational methods for the cure of uterine troubles than has obtained with many in the past. Unfortunately a new barbarism is rapidly coming to the front. Battey's operation under a new name. It is now claimed that the Fallopian tubes are the source of the menstrual flow, consequently we hear of Tait's operation, in which the tubes are also removed. His last on the subject—"Pathology and Treatment of Diseases of the Ovaries"—is just out. His views are (*British Med. Jour.*) that the operation in the hands of an expert is justifiable even when life is not jeopardized by disease. That many bad cases of abnormal menstruation are relievable only by extirpation of the ovaries and tubes, yet Spencer Wells reports a case in which the tubes were removed and the patient continued to menstruate. Dr. Tait claims that all those cases heretofore regarded as recurrent pelvic cellulitis or peritonitis are really tubal dropsy and ovarian disease. Speaking of the causes of ovarian disorder he calls attention to the wrong method of those who superintend the education of girls in that they make no difference in their physical and mental exercises during their menstrual period. This, he claims is most pernicious. He also advocates co-education, he believes it to be morally as well as physically advantageous; but while he admits that the women may take as high honors as the men, it is apt to be at the expense of functional impairment. He admits that while the recovery from ovariectomy is so rapid and easy that at the end of a month we say *cured*; but that a number of these "cures" die speedily of cancer of the peritoneum or of other organs, and the more

our primary mortality from the operation has diminished the more numerous have become secondary deaths from cancer occurring between three and thirty months after the operation. (*Am. Hom.*). Dr. Tait had 80 consecutive cases with only one death. In 91 cases he has removed the whole uterine appendages without losing a single life. He has successfully removed the uterus in 8 cases. He has abandoned Listerism as prejudicial to his patients. Without antiseptic treatment his success is greater than while using it, and much better than is shown by any disciple of that method." (*Am. Hom.*)

(*To be continued.*)

CLINICAL ITEMS.

Chronic bronchitis, with nasal catarrh and chronic laryngitis; voice altered—deep, hoarse; severe pressure from behind the sternum. Nitrate of Sanguinaria 2x.

"*This is the best remedy I have ever met with.*"—Dr. Nelson.

Diaphragmitis, with great difficulty of breathing. Cactus 3.

Dyspepsia; stomach frightfully distended from putrefactive fermentation, characterized by sour stomach, belching hot, sour substances. Salicylic Acid 2x.

Ova testæ.—The new remedy for leucorrhœa—"broken back" symptom.

Petroleum.—Patient imagines another person sick in the same bed (verified).

Gelsem.—Thinks some one else is sick; not himself. (Compare Petroleum.)

Dr. Oehme finds Staphysagria, two drops, night and morning, of immediate and lasting benefit in many cases of constipation.

Iris.—Deficient appetite. Will promote secretions and aid digestion better than Pepsin,

AMERICAN HOMŒOPATH.

*A Monthly Journal of Medical, Surgical
and Sanitary Science.*

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Our columns will always be open to a courteous and fair discussion of all subjects connected with our practice, as much as our space allows; but we do not hold ourselves responsible for the opinions of our contributors, unless indorsed in our editorials.

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EDITORIAL.

The man whom I call deserving the name is one whose thoughts are exertions for others, rather than himself; and whose high purpose is never abandoned while earth affords means of accomplishing it.—SIR WALTER SCOTT.

THE health of New York has been exceptionally good this summer, owing largely to the watchful supervision of the Board of Health, in the tenement house districts. The Board cannot prevent hot weather; but then it is not the heat that kills, except in a small number of cases. When little children die at the rate of a hundred a day, it is sour milk, heaps of reeking garbage, foul sinks, and dirty rooms that are at the bottom of the mischief; and these are tangible things that the Health authorities can get hold of and remedy. And they do it.

ALTHOUGH the average has been very good, one day stands out with terrible blackness. On July 7th, the temperature for hours was in the neighborhood of 97° F., and nearly four hundred children under five years of age succumbed during the twenty-four hours.

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THE best sanitary inspector in New York is the *Tribune*. The thousands of children to whom it, as the almoner of its readers, gives two weeks of country air, wholesome food, and kindly influences, will be the better for it, physically and morally, all their lives. The sum total of life saved and suffering prevented can never be known, but one need spend but a single hour, any of these hot afternoons, in a tenement-house district, to have a realizing sense of the immensity of this good work.

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THE Boston Board of Health require that bodies of all who die from infectious diseases, including typhoid, must immediately be wrapped in a sheet, saturated with a ten-per-cent. solution of chloride of zinc, and placed in an absolutely tight casket, which is not to be re-opened. The General Assembly of Massachusetts have likewise prohibited the transportation by any of the railways in the State of such bodies, unless so prepared.

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It having been shown that the earth from the graves of those who had died years previously, from yellow fever was infectious, the authorities at Rio de Janeiro have ordered the erection of a furnace for the purpose of cremating the bodies of those who die there of yellow fever.

THE death of the President of the Royal Academy (William Spottiswood) has renewed attention to the dangers attending travel in Italy. But the natives suffer worse than the travelers. A recent report to the Italian Ministry of War, shows that forty thousand soldiers annually are victims of malaria, at an annual hospital cost of more than two million dollars. The ravages among the civil population is even proportionately greater. Some of the Italian railroads are so notoriously unhealthy that the greatest difficulty exists in securing men for personal service, to fill the gaps perpetually made by this insidious disease.

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THE present epidemic of cholera is but a natural sequence of the Egyptian war; or, rather, cholera having appeared it was sure to spread, as it has done, from one end of the land to the other; owing to the miserable sanitary regulations of the British authorities. To-day there are thousands of human bodies festering in the hot sun, between Kassassin, Tel-el-Kebir, and Cairo, who were carelessly buried in the sands a year ago, but which the winds long since uncovered. However, the epidemic does not seem to be a very virulent one. It expends its fury in any given neighborhood in about two weeks, and then marches on to the next place. The probabilities now are that Southern Europe may feel its influence, but it is hardly likely to invade England or America this year.

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THE lugubrious fact was cabled the other day, that it had not been positively determined that the epi-

demic now raging in Egypt, was the bona-fide Asiatic cholera; and that possibly hundreds were falling victims to improper treatment in consequence. Dear me, what a commentary on scientific therapeutics. Sugar pills couldn't be worse than that.

ABSTRACTS.

RAPID BREATHING AS AN ANÆSTHETIC.—Dr. M. T. Yates, in a letter published in the *Biblical Recorder*, says of the surgical operations to which he has recently submitted: "My doctors said that they had seen it stated by an American doctor that if a person would breathe as rapidly as possible under an operation, he would not feel the pain of cutting, and they wished to try it on me, to which proposition I assented. Dr. Macleod superintended the breathing—which was like that of a dog on a hot summer day—holding, out of my sight, a handkerchief in his hand to be dropped as a signal—when he saw the color come in my face—for Henderson, the operating doctor, to go ahead. When Macleod told me 'That will do.' I was surprised to find that the operation had been performed. This I have tried three times, and have not, at either time, felt more pain than is usually inflicted in the case of vaccination. I heard the knife rip through the flesh, like the sound produced in cutting leather, but did not feel the pain. What is the philosophy of this kind of anæsthetic? Is it simply a diversion of the mind?" We presume the rapid breathing acts very much like the inhalation of laughing gas; that it oxydizes the blood more highly and makes the heart beat faster, as shown by the color in the face, and this exhilaration produces insensibility to physical pain. A man slightly wounded in battle often does not know it at the time—partly, perhaps, because of

mental preoccupation, but mainly, we suppose, because he is toned up by the excitements of the conflict. But, whatever may be the explanation, Dr. Yates' experience is an instructive instance of the connection and interaction of bodily estate and mental sensibility.—*Richmond (Va.) Herald.*

THUMB PORTRAITS.—If the "ball," or cushion-like surface of the top joint of the thumb, be examined, it can be seen that in the center—as, indeed, in the fingers also—is a kind of spiral formed of fine grooves in the skin. The spiral is, however, rarely, if ever, quite perfect—there are irregularities, or places where lines run into each other here and there. Examining both thumbs, it will be seen that they do not exactly match; but the figure on each thumb is the same through life. If the thumbs of any two persons are compared, it will further be found that no two are alike. There may be, and generally is, a "family resemblance" between members of the same family, as in other features; there are also national characteristics; but the individuals differ. All this is better seen by taking "proof impressions" of the thumb. This is easily done by pressing it on a slab covered with a film of printers' ink, and then pressing it on a piece of white paper; or a little aniline dye, Indian ink—almost anything—may be used.

The Chinese take advantage of all this to identify their important criminals, at least in some parts of the Empire. We photograph their faces; they take impressions from their thumbs. These are stored away, and if the delinquent should ever again fall into the hands of the police, another impression at once affords the means of comparison. The Chinese say that, considering the alteration made in the countenance by hair and beard, and the power many men have of distorting or altering the actual

features, etc., their method affords even more certain and easy means of identification than our plan of taking the criminal's portrait. Perhaps we might with advantage take a leaf out of their book.—*World of Wonders.*

DR. A. J. FULLER, of Bath, Maine, reports a case of ascites which was tapped no less than forty-three times within a period of one year and three-quarters. The total quantity of fluid removed at the several operations was 1,420 pints. The patient, a married lady, aged sixty-five, died a fortnight after the last operation.—*Lancet.*

THE PHYSICAL SIGNS OF PLEURITIC EFFUSION.—Dr. R. Douglas Powell concludes a lecture on the physical condition produced by the pleuritic effusion as follows:

1. That until the pleura (previously under healthy condition), is about two-thirds full of fluid, no positive pressure is exercised upon lungs or heart.

2. Up to this point, therefore, there is no tendency for the fluid to escape on puncturing the chest unless air be allowed to replace it. Its removal, otherwise, can only be effected by aspiratory or siphon power.

3. It is only in effusions beyond this point, therefore, that the diaphragm becomes depressed.

4. On the other hand, the heart is necessarily displaced from the very commencement of the effusion, and in proportion to its extent; cardiac displacement being thus a valuable index of effusion, but no measure of intra-thoracic pressure.—*Medical Times and Gazette.*

THE HEADACHES OF ADOLESCENTS.—Surgeons have long noted the relationship subsisting between the period

of growth, and that of adolescence, and certain affections of the skeleton, such as deformities of deviation, exostoses, etc. Physicians have been equally cognizant of a like influence exerted during that period of life on the progress of acute diseases and the development of nervous affections. Under the latter category there exists one affection of a special nature, which has hardly yet received the attention which it merits. We refer specially to the cephalalgia or obstinate headaches which affect youths between the ages of eleven and sixteen, and, which, by their intensity and the obstinacy sometimes acquired, cause them to be considered as a special entity. Professor Charcot, of Paris, has directed especial attention to this subject, and Mons. Keller purposes prosecuting the study of these cases in a forthcoming number of *Archives of Neurologie*. In the meantime we shall glance at the salient features presented by this affection. A youth possibly from eleven to twelve years of age, hitherto in excellent health intelligent, and acquiring knowledge with facility, is suddenly seized with severe headache. Frequently they are at first light and transient, and do not interfere with study; soon they become more frequent, more obdurate, and ultimately compel a cessation of intellectual application. There is now established a chronic malady, painful for the sufferer and serious in its consequences, inasmuch as it interposes a barrier to all scholastic applications. The character of the headache is frontal. It never affects the posterior or lateral regions of the head. It is furthermore painful in the real acceptation of the term, a fact by which it is distinguished from other nervo-pathies, such as the cerebral paresis of adults or the ordinary neurosthenia, in which the sensations are vague and localized in the occipital and parietal regions. The pain is aggravated by mental application. When the malady is very pronounced the least study reacts painfully on the

affected part. Sleep is enjoyed; the pain is usually absent or feeble on awakening, but occurs during the morning, especially if mental occupation is indulged in, and acquires its maximum intensity toward evening. The affection is distinguished from ordinary neuralgia in that there is no hyperæsthesia along the nervous tracts, and from the ordinary migraine in not being unilateral nor propagated through the optic nerves, nor accompanied with sympathetic derangements of the stomach. The absence of febrile disturbance, the complete integrity of the intelligence, and the cure, which appears to be the rule, exclude the idea of any organic affection of the head.

With respect to the etiology of the disease, in some cases the rheumatic diathesis may be encountered, while in others this is totally absent, both in the patient and the family history; nor is an hereditary predisposition to nervous affections always to be traced. We are thus compelled to seek an explanation in the period of life through which the patients are passing. Thus, under the influence of some modification of general nutrition in connection with growth, the brain, owing to some given idiosyncrasy, may become weakened and painfully irritated. The situation of the pain corresponds with the portion of the brain especially active, as the seat of reflection and intelligence, during the period of adolescence. Be that as it may, it is quite certain that, should this peculiar pain exist independently of intellectual application, it is invariably aggravated by it, and it becomes the chief agent of the disease, and maintains and prolongs it. If the affection were due exclusively to a condition of growth, it should disappear with the progress of age. This does happen, doubtless, occasionally; yet in other cases the affection is so persistent that educational pursuits have to be totally abandoned for an indefinite period, as late in life even as the age of twenty-five. In these days of cram-

ming this species of headache possesses interest to parents and guardians of children; and Mons. Keller assures us that no form of treatment has been so successful in his hands as the methodical application of hydro-pathy.—*Medical Press*.

THE CAUSATION OF STERILITY. Translated by M. Herzstein, M.D.—Dr. Levy, of Munich, gives (*Bair. Arztl. Intell. Blatt*) the results of microscopic examinations as to the condition of the *spermatozoa* at different intervals after coitus, in the case of sixty women who were under treatment for sterility. In fifty-seven out of the sixty, catarrh of the uterus was present. In all these cases only a small number of *spermatozoa* could be detected within the uterus, and they had all become motionless at the interval of, at the outside, five hours after coitus. In healthy women, on the other hand, the author found that the movements of the *spermatozoa* within the uterus continued for at least twenty-six hours. Thus the important effect of an altered character of the uterine secretion in its destructive influence upon the *spermatozoa* is demonstrated.

The author believes that when the secretion is healthy the *spermatozoa* can make their way into the uterus in spite of flexions and stenosis. He draws the inference with respect to the use of tents or mechanical dilators for the cure of sterility, that since these measures are liable to set up uterine catarrh, anti-catarrhal remedies must afterward be used if the dilatation is to have any effect in promoting conception.

STATISTICS OF MAMMARY CANCER.—The immense material accumulated at the Vienna pathological institute has been utilized by Török and Wittelshöfer (*Archiv. für klinische Chirurgie*, vol. xxv., 1880), in order

to determine some questionable points in relation to the statistics of mammary carcinoma. In 72,000 bodies, of which autopsical records were made between the years 1817 to 1879, mammary cancer was found 366 times, or about in one half per cent. of the cases. In about 30,000 female corpses the tumors were found in one per cent. of all cases. In perhaps eight of them sarcoma may have been present. Of 351, in which the location of the tumor was stated, 161 exhibited disease on the right side, 141 on the left, and 46 on both sides. Three times the disease was found in very old men. The age of the dead varied from twenty to ninety years; the majority of cases occurred between forty and seventy years. In 184 instances the patients had undergone operation; of this number 105 were found without metastatic deposits. Of the 182 who had not been operated upon, only 41 were free from secondary nodules. Secondary local dissemination was frequently found in the adjoining integument, muscles, glands, *pleura*. Very rarely distant organs were found to have become involved by local extension. Thus, in the pericardium, peritoneum, and liver, such secondary deposits were seen in only two cases of each. Secondary metastatic neoplasms, however, were frequent. In the lymph glands they were found 192 times, in the respiratory organs, 132, in the organs of digestion 139, of which number 127 belonged to the liver.—*Centralbl. für Chir.*

EFFICACY OF COLD FLUIDS.—In some parts of England, among the poorer classes, a large glass of cold spring water, taken on going to bed, is found to be a successful remedy for colds; in fact, many medical practitioners recommend a reduced atmosphere and frequent draughts of cold fluid as the most efficacious remedy for a recent cold, particularly when

the patient's habit is full and plethoric. It is well known that confining inoculated persons in warm rooms will make their small-pox more violent by augmenting the general heat and fever; and it is for the same reason that a similar practice in colds is attended with analogous results.

CARELESS VACCINATION. — The abuses which are possible in compulsory vaccination are forcibly illustrated in a pathetic instance which has come under our notice during the past week. An Irish servant girl in the city has been for a long time saving up her earnings that she might be able to pay the passage of her brother to this country, and by economy and persistence she at length accomplished her object.

Last week the lad arrived, but he had, with others, been compelled to submit to vaccination on shipboard, and he now lies at death's door from the effect of the use of impure virus. The surgeon of the ship in a case like this ought to be brought to strict account. Steerage passengers are at least human, and their lives should not be left at the mercy of every careless practitioner who prefers to risk their health rather than to take the trouble of ascertaining the safety of his materials.

The case of which we speak seems especially cruel, as the poor girl is nearly heart-broken that her labor has resulted only in bringing her brother to die in a strange land; but as a matter of fact, it is only one instance among many. The matter is one that needs looking to closely; since even the most determined opponents of immigration can hardly be prepared to go to the length of legal murder as a means of preventing it. — *Boston Courier*.

LITERATURE.

Two new manuals on venereal diseases have been recently added to

our stock of monographs; one by Prof. Franklin, of Ann Arbor,* the other by Prof. Hoyne, of Chicago,† and both include topics not strictly venereal. Prof. Franklin is an advocate of the somewhat recent theory of the dualistic origin of syphilitic virus, limiting the term syphilis to cases where constitutional symptoms are developed, and applying chancre to those in which a local contagious ulcer only results. Prof. Hoyne, on the other hand, holds the opinion that there is but one kind of syphilitic virus, producing in the one case a hard chancre, and in the other a soft chancre, and that both these sores may be followed by secondary symptoms. Both admit that the syphilis of the present day is a much more mild affair than that of a century ago, and deprecate the extravagant language in which its horrors are portrayed by some syphilographers. It is claimed that through the lapse of time, and repeated inoculations in and in, the whole race has become practically protected from the virulence of its earlier history, and, that in addition to this, the destructive doses of mercurials formerly given have been gradually lessened, and a more rational treatment now obtains. This seems now to be the position of the more trustworthy syphilographers.

Prof. Hoyne goes somewhat fully into the subject of congenital syphilis, and his conclusions are that the father rarely, and the mother, if herself infected, invariably transmits the disease. In this he differs from Trousseau, Bumstead, Mayer and most authorities on the subject. He says: "When we look at the vast number of young men, who are, or have been, affected with syphilis, the rarity of diseased children is surpris-

* *A Manual of Venereal Diseases*; being a condensed description of those affections and their Homœopathic Treatment. By E. C. Franklin, M. D. 8vo. pp. 111 (Chicago: Gross and Delbridge).

† *Venereal and Urinary Diseases*. By Temple S. Hoyne, A. M., M. D., 8vo. pp. 125. (Chicago: Halsey Brothers).

ing, if we adopt the theory of transmission from the father. And yet we have evidence sufficient to prove that exceptionally the father is the cause of the syphilitic child. It is a well known fact that in the higher walks of life, syphilitic children are a rarity, and yet comparatively few young men of this class escape contagion. In the lower walks of life, the women are not so virtuous, and syphilitic children are quite common, hence adding weight to the opinion that syphilis is derived entirely from the mother." He further shows that the mother of a syphilitic child, although seemingly healthy, cannot be inoculated for syphilis.

Prof. Franklin severely criticises recent writers in our own school who claim that this disease can be cured only by material doses of mercury oft repeated, and says that the experience gained in the treatment of hundreds of cases has convinced him "that the medium potencies act the most promptly, most certainly, and most curatively."

Prof. Hoyne suffers from an indifferent printer, and his book fails to please the eye like Dr. Franklin's; we are sorry for this, because it well deserves a more careful imprimery.

Electro-therapeutics is receiving year by year increased and deserved attention, and physicians, who propose to keep up with the times, must have more than an outline knowledge of the subject. Prof. Erb's work* is admirably adapted, possibly more so than any other manual, to furnish the needed information. We are not disposed to quibble as to the comparative value of several excellent works on this subject, but having quite recently found it necessary to investi-

gate some points in this specialty we found Prof. Erb's work exactly adapted to our need. The text is a series of lectures, of which the first eleven are devoted to the selection and manner of using batteries; then follow three on the therapeutic value and application of electricity, and the remaining twenty-one enlarges upon the special forms of disease in which electricity has been found beneficial or curative. The practical value of the book is enhanced by the details of nearly 200 cases which are given, and by a number of schematic sketches which illustrate the effects produced. This is the June number of Wood's Library of Standard Medical Authors.

In criticizing the work of an author it is only proper to put ourselves as far as possible in his place, to look at his results from his standpoint, and to recognize the limits he put upon himself in constructing his work. It is manifestly unjust to look upon such a work as Prof. H. C. Wood's *Therapeutics** from a strictly Homœopathic standpoint, because the author has no faith in the law of similia, and calls it "childish absurdity." He has a right to be judged by the motives that inspired him to write, and by the results he has worked out according to that standard. This work, having now passed into its fifth edition, was first issued nearly ten years ago, and was the earliest systematic attempt in the Old School to base therapeutics on the physiological action of drugs. That it has worked a complete revolution in Old School methods of thought, that its plan has been imitated in a number of later treatises, and that there still exists an active demand for it are all evidences of the keen foresight and earnest labors of

**Handbook of Electro-Therapeutics.* By Dr. Wilhelm Erb, Professor in the University of Leipsig. Translated by L. Putzel, M. D. 8vo, pp. 366., with 39 woodcuts. (New York William Wood & Company.)

**A Treatise on Therapeutics, Comprising Materia Medica and Toxicology.* With special reference to the Application of Physiological Action of Drugs to Clinical Medicine. By H. C. Wood, M. D. Fifth Edition. 8vo. pp. 740. (Philadelphia: J. B. Lippincott & Co.)

its talented author. While of little practical value to a Homœopathist as a direct help in the treatment of cases, yet even to such one it is not without its uses, especially in the departments of toxicology and medical jurisprudence. But to our mind its chief value in the history of medicine is that it prepares the minds of its Old School readers, by teaching them to prescribe according to the physiological action of drugs, for the more delicate and accurate discriminations of Homœopathy.

It is just a half-century since Wood and Bache's Dispensatory was first offered for the approval of the American medical profession; and it now appears in the fifteenth edition.*

The immensity of this work may be judged by the fact that the index covers nearly eighty pages, and contains more than sixteen thousand titles. While nominally merely a new edition, it is in many respects an original work. All that portion of the work relating to theoretical chemistry has been rewritten, the portion on pharmacy is almost all new, and in all the more important articles the sections treating of the medical properties and therapeutic characteristics of the drug have been restated to correspond with the present ideas of physiological action. Prof. Wood thus speaks of the labors of himself and colleagues: "In conclusion, it seems but right to state that the revision has been performed slowly and with great care, occupying most of the spare moments of the editors during the last three years. The present volume may very justly be looked upon as a new book, founded

upon the old United States Dispensatory. The editors have no overweening sense of their ability; they recognize profoundly the immense responsibility that has been laid upon them; but they ask a favorable consideration for their work, because with all patience and toil, and with the love of their labor, they have honestly striven, so far as in them lay, to make the new United States Dispensatory worthy of the time when it was universally recognized as the supreme treasure-house of pharmacological lore."

The value of rational dietetics may be underestimated by some, but, certainly, Dr. Page, of Biddeford, is not of that number. Indeed, he seems to believe that all disease arises from improper feeding, and may be cured by judicious diet. This he calls the natural cure of disease,* and certainly, if it be not all that he so enthusiastically describes it, yet few will doubt the potency of what he recommends. The book will stimulate thought; and while none, perhaps, will go to the length of dining off of simply raw cracked corn, raw apples, nuts and figs, the arguments here advanced may form the basis of sound advice to many a chronic complainer.

This topic of proper alimentation is candidly discussed by Dr. Anderson, of Glasgow, in his neat little brochure on nursing,† but hardly from the stand-point of Dr. Page. Beside his observations on the char-

* *The Dispensatory of the United States of America.* By Dr. George B. Wood and Dr. Franklin Bache. Fifteenth edition. Rearranged, thoroughly revised, and largely rewritten. By H. C. Wood, M. D., Joseph P. Remington, Ph. G., and Samuel P. Sadler, Ph. D., F. R. S. 4to, pp. 1928. (Philadelphia: J. B. Lippincott & Co.)

* *The Natural Cure of Consumption, Constipation, Bright's Disease, Neuralgia, Rheumatism, etc.* How sickness originates and how to prevent it. By C. E. PAGE, M. D. 12mo, pp. 278. (New York: Fowler & Wells.)

† *Lectures on Medical Nursing.* Delivered at the Royal Infirmary, Glasgow. By J. Wallace Anderson, M. D. Second Edition. 16mo, pp. 224. (New York: Macmillan & Co.)

acter and preparation of foods in special diseases, he gives minute directions for the care of patients in all the common forms of disease, for the administration of baths of various kinds, for the prevention of bedsores, and for the readiest manner of giving internal and external medicaments. The whole is comprised in ten lectures delivered by the author in the autumn of last year (1882) at the Glasgow Infirmary; to which is added an appendix, containing simply recipes for invalid cookery. Dr. Anderson thus closes his few prefatory remarks: "With regard to the manner in which the work has been done, I may be allowed to anticipate this objection—that too much has been taught. I shall only say that I have had that danger always before my mind, and that I think I have avoided it. There is a very old French proverb which says, '*Assez n'y a, si trop n'y a*,' and there is nothing to which it is more applicable than to the teaching of the care of the sick."

SOCIETY MEETING.

HAVANA, N. Y., July 19, 1883.

DEAR DOCTOR WINTERBURN:—Please give notice in your journal of the meeting of the Homœopathic Medical Society of the State of New York, at Ithaca, September 11 and 12. The Ithaca Hotel will entertain at \$2.00 per day. The Delaware, Lackawanna and Western Railroad will sell return tickets at Ithaca for one-third the usual rate. This road connects with New York and Buffalo. The Utica, Ithaca, and Elmira Railroad will carry free one way from Utica and Elmira. The steamboat on Cayuga Lake will carry from Cayuga Bridge on New York Central and Hudson River Railroad, and return for \$1.00. All of the above tickets sold on the certificate of the secretary, A. P. HOLLETT.

NOTES AND ITEMS.

It is observed that the heat has no perceptible effect on tramps.

It is said that Dr. Bliss wishes now that he had never had anything to do with the Garfield case. It is to be regretted that he did not fall in with the views of the majority of the public before it was too late.

A busy doctor sent in a certificate of death the other day, and accidentally signed his name in the space for "Cause of Death." Dr. Nagel says he wishes the profession would be as accurate generally. But then he wasn't an Homœopathist!

A Chinese doctor has been fined one hundred dollars at Phoenix, Arizona, for practicing without a diploma. The Celestial produced a Chinese document, which he claimed was a diploma, but the court thought it only a laundry bill.

MENTAL DERANGEMENT.—The Squire: "Well, Grubbles, how are you?" Grubbles: "Well, sir, I'm on'y middlin'. Doctor 'e says when I fell off o' that there stack, I got a infernal confusion!"—*Fun.*

Girls with consumptive lovers should permit kissing on their back hair only. A young man at Reading, Pa., has courted in succession two sisters who died of consumption before the wedding day came, although the disease was before unknown in their family. Now the young man, whose relatives are consumptive, is near death with the disease, and it is claimed that the girls lost their lives by inhaling his breath.

Dr. Walter Y. Cowl is the editor of a new medical monthly, the Homœopathic Leader. The new magazine is in octavo form, sixty-four pages, makes a handsome appearance, and is furnished at four dollars a year. Orders may be sent to R. N. Turner, 349 Fourth Ave., New York.

"The Texas Homœopathic Pellet" is the name of a new monthly published and edited by Dr. C. E. Fisher, of Austin, Texas. Subscription two dollars per annum.

Chicago also has a new medical monthly—The Medical Era—published by Gross and Delbridge, at three dollars per year. The initial number is fresh and bright, and we hope it may prove a success.

The question of purity of the sugar used in the preparation of homœopathic medicines excited keen discussion at the recent convention at Niagara, and we ascertain, that in the manufacture of pellets the goods of Mr. Wm. Tims, of Paterson, N. J., are preferred for their uniform purity, and noted for their absorbing qualities. The Humphrey Medicine Co. have used no other for over twenty years, and the Drs. Keeney, of Paterson, and many others for nearly as many years.

THE AMERICAN HOMŒOPATH.

NEW YORK, SEPT., 1883.

DULCAMARA IN HEADACHE.

BY

E. A. FARRINGTON, M. D.,

Philadelphia.

Few remedies in the *materia medica* are so neglected as is *Dulcamara*. Reduced to a "wet-weather drug" it is scarcely ever employed under any other condition. I do not dispute the usefulness of this remedy when the symptoms are traceable to cold and damp weather, but I protest against the common custom of limiting drug effects, however characteristic they may be. Such limitation leads to two evil results: one, routine, the other, stultification of the *materia medica*.

Dulcamara contains solanine, to which many of the effects of the plant are due. If, then, we would learn when, on general principles, *Dulcamara* is needed, we must study its symptoms in the light of the well-known effects of solanine. Thus examined we find that it causes narcotic symptoms, dim vision, with or without ptosis, dilated pupils, tremors, convulsions and even death. Dr. R. Hughes has well shown its influence upon the medulla oblongata and the par vagi, causing at first hurried respiration, quick and feeble pulse and later, slow breathing, weak heart-beat, etc. And just here we have the key to its general use. At first it irritates the nerves and causes hyperæmia, especially of the vessels of the cranial and upper spinal meninges. Hence we have impatient, restless mood, orgasm, restless sleep, cardiac excitement. But soon its depressing effects are apparent: stupefaction, heaviness of the head with obscured vision, vertigo with trembling and weakness. The depressing effects are the most characteristic. Even the pains are usually dull and obtuse, rather than sharp and violent, earache excepted.

A few years ago a lady who was greatly annoyed by headaches which

came on whenever the weather changed to cold and wet, was promptly and permanently relieved by taking *Dulcamara* at each exacerbation of pain. She no longer suffers from atmospheric changes, but occasionally has sick headache, with which she has been afflicted since childhood. "And doctor," said she the other day, "the *Dulcamara* you gave relieved my sick headache as quickly as it used to my rheumatic headaches."

Her symptoms are precisely like those of the provings: heaviness of the head with flickering before the eyes. Dull boring in the frontal eminences with nausea and aversion to food, vomiting, prostration and sleepiness. But what makes the case especially interesting ~~to me~~ is the fact that the lady is just such a patient as I would expect *Dulcamara* to affect. She is quick tempered and restless, but the least over exertion precipitates her into a state of torpidity, with mental dullness, heavy eyelids, slowness of speech, sleepiness and general malaise. So general and local symptoms agree, and a complete cure will probably be the ultimate result of the action of *Dulcamara*.

ACUTE INFLAMMATION OF THE MIDDLE EAR.

BY

C. H. VILAS, M. D.,

Chicago.

In a climate as variable as is found in a large portion of our country, inflammatory diseases of the mucous-lined passages must necessarily form a large proportion of all the ailments to which the aid of the medical attendant is directed. Not any of this class appeal to intelligent skill with a more urgent claim for speedy and permanent alleviation than those which invade the tract known as the middle portion of the ear. I shall, therefore, not go amiss I think, if I endeavor to throw some light on a subject of such general importance to both patient and physician. In so

doing I cannot hope to do more than to point out the principal course to be pursued, and shall consider myself fortunate if that is done intelligibly.

Nothing more facilitates an examination of such a subject than a declaration at the outset as to the goal sought. Therefore my object will be to avoid discussion of disputed theories, to briefly consider the main guiding points in a synoptical review, and then to offer practical means by which beneficial results can be obtained.

Acute inflammation of the middle ear should be regarded as of two kinds, the first known as acute catarrh, an inflammation which causes a secretion of mucus but stops short of the production of pus, and characterized by a tendency to harden and stiffen the original tissues; the second known as acute suppuration, an inflammation which quickly passes over the mucus stage and hurries on to a purulent form, and characterized by a tendency to break down and destroy the original tissues. The former is mainly caused by colds in the head, or exposure to cold or wet in any form; the continued fevers; the exanthematous diseases; and sometimes arises spontaneously. The latter is usually the direct result of a somewhat prolonged acute catarrh, being always preceded by it, though in many cases the former is overlooked and the discharge of pus is the first thing noticed.

The disease is readily recognized in either form, the symptoms being much alike, though the second form has them in a greatly intensified degree. They consist of a sensation of fullness in the ear, accompanied by hardness of hearing; noises in the ear, which are often very annoying; pain, worse at night, when delirium may set in, the pain usually being a constant and most distressing accompaniment; sometimes vertigo and nausea; always a general fever, with more or less catarrh of the pharynx, the latter dependent as to degree on

the previous general condition of the lining membrane; anxious expression of the countenance; and general restlessness. Viewed with the otoscope, the membrana tympani are found to be swollen and injected.

So full and complete a picture is not always as a matter of course to be found present in any given case. The earache of childhood is identical with the milder varieties of the catarrhal form, and should never be neglected.

Fortunately but one ear only is usually attacked, and the left seems to have the preference. If neglected, or improperly treated, however, it shows quickly a disposition to share with its companion, a generosity never appreciated by its afflicted possessor.

I am quite sure all will now recognize the disease as a frequent visitor in changeable climes, and one accorded a very churlish reception. Often is it pitiable to see the apprehension with which the recurrent season of its visitation is regarded by the unfortunate victim of its ravages.

There can be no doubt but that those who live in malarial regions are more susceptible to it than those who occupy a more healthful location. So that I am quite sure that those who suffer from it almost every season for a period of weeks will recover, in part at least, by a change of climate only. Such cases should not be allowed to rely upon the change alone, however, but have the advantage of skilled medical aid in connection with the improved surroundings.

The treatment is simply and quickly efficacious. In the early stages, water as hot as it can be borne (130 to 160° Fahr.) should be put into the external auditory meatus, and the heat increased as rapidly as the patient will permit. For readily accomplishing this, the bag-syringe, or an aural douche, will be found very handy. But the sole point is to get the water and its heat down into the canal as far as Nature will allow it to go. This is often blunderingly done,

and the value of the application lost. It is of no avail to carelessly squirt a little luke-warm water around or about the ear; or compromise the matter by mincingly handling a small syringe. In case the pain does not yield to the hot water, a rare occurrence when it is well used, inspection should be made to note if the membrum tympani be imperforate. Such being the case, a few drops of a two to five grains solution of atropia sulphate may be dropped into the ear, an expedient which in connection with the hot-water will relieve the most agonizing pain. If pus has formed, paracentesis should be performed; even when no pus has formed, the operation is a great relief to the pain.

At all times the physician should bear in mind that the severest cases are dangerous to life, and see that he neglects nothing that care and an apprehensive watchfulness can suggest. Not infrequently is it complicated with, or mistaken for, a billious attack; often is it erroneously diagnosed as an affection of the brain, so closely does it simulate the latter. Should so dire a complication as an involvement of the mastoid region occur, a free incision should at once be made and special counsel sought.

In the early stages there is no better remedy than Aconite. Its adaptability will be readily recognized without an enumeration of the special characteristics. Belladonna is demanded when there is local congestion, evidenced by throbbing pains, cerebral excitement, delirium, etc. Hepar sulphuris is very useful in promoting resolution when once suppuration is established or immediately threatening. Abscesses and ulcers yield quickly to it. Other internal remedies often demanded are Apis, Arsenicum, Mercurius and Pulsatilla. A special study should be made of their symptomatology, as well as any others seemingly indicated, before being depended on as remedial.

SUCCESSFUL EXCISION OF A FIBRO-CYSTIC UTERINE TUMOR.

BY

PHIL PORTER, M.D., Detroit.

In March of this year I received a letter from a former patient requesting me to visit her sister, who was suffering from a large tumor and "come prepared to operate, if necessary." On reaching her residence in Macomb county, I found a lady, Mrs. W., aged 57, of a nervo-sanguine temperament. She was at the time of my visit suffering considerable abdominal pain and difficulty of breathing. I found that she had been married 22 years, and had never been pregnant. She had passed her menopause 10 years. She was suffering so much that I did not make a complete examination; the next day she was still suffering so much that I tapped a large cyst, felt between the umbilicus and the sternum and removed 19 pints of dark fluid, with which (as the cyst became empty) a little blood was mixed. After evacuating the cyst I was enabled to distinguish a semi-solid tumor reaching a little above the umbilical level and a harder portion was found in the right iliac fossa, which by combined external and internal examination and the use of the sound, proved to be the uterus high up and to the right, closely connected with the lower portion of the tumor, but apparently free from the upper.

I was informed by her husband, Mr. Williams, that the illness of the patient began two years ago while she was recovering from a severe mental strain. The first symptoms were dull pain in the left iliac region, with a sense of fullness, pain on pressure and constipation, followed by a steady increase in size, to one year ago, when her husband found fluctuation in the left iliac region and a solid growth which he could trace down into the pelvis in front of the uterus.

She increased in size gradually for seven months, when she commenced

to experience acute pain in the left groin, with swelling of the left leg. This condition existed for a fortnight and then subsided, but the growth of the tumor increased more rapidly and a solid mass was found to the right of the median line of the umbilical region. Dyspnoea and general distress increased and walking became impossible.

My diagnosis was a multilocular ovarian cyst, displacing the uterus upwards and to the right. This was also confirmed by her attending physician.

Great relief followed the tapping, so much so that the patient desired to have the operation put off. Two weeks later I was telegraphed for in haste to perform the operation for the removal of the tumor. With all anti-septic precautions I proceeded in the usual manner to open the abdomen; employing for an anæsthetic, bichloride of methylene.

By an incision four inches long in the median line between the umbilicus and symphysis pubis, a very thin cyst was exposed. It was bluish in appearance like the peritoneum. On tapping it, red serum escaped. Adhesions to the abdominal wall above and to the intestines behind and to the left, were extensive and separated with a great deal of difficulty. The empty cyst was then drawn out with a mass of solid substance at its base. On examination I found both ovaries atrophied, and the uterus was about twice the size of a normal uterus at this period of life, and the fallopian tubes had the appearance of being actively engaged in performing their usual functions in life.

This is just the opposite condition of affairs as presented by Dr. Lawson Tait, in his masterly work on the ovaries. The uterus was irregular, nodulated and hardened. The tumor was an outgrowth from the back part of the fundus. The connective medium or pedicle was fully an inch in length, two in breadth and one inch in thickness. This I secured with Billroth's larger clamp, and di-

vided the attachment with scissors. After I had separated the pedicle I was compelled to dissect off the back part of the tumor from the sigmoid flexure of the colon and from the rectum, with a pair of short, blunt scissors. While freeing the tumor from the upper part of the rectum I accidentally made an opening into the intestine about an inch long. This I immediately treated with calendula, and closed the wound with uninterrupted sutures of fine silver wire.

After sewing all bleeding points, in the parts where adhesions had been divided, I flooded the abdominal cavity with warm water (110°) saturated with calendula (1-20). I then carefully sponged out the peritoneal and pelvic cavities and examined the pedicle, which I had previously ligated with cat-gut, and closed the abdominal wound with silk-worm gut sutures, employing only the deep sutures. The patient was then dressed in the usual manner and placed in a warm cot bed in the same room where the operation had been performed.

The solid portion of the tumor weighed two pounds and a half, the fluid contents sixteen pints. The tumor was an outgrowth from the upper and back part of the uterus, eight inches long and five inches in its widest part, and at one point two inches thick. It consisted of uterine tissue slightly changed in appearance. There were three large cysts surrounding the growth, which had developed on its surface. The walls of the cyst were very thin, having a fine layer of muscular tissue spread out in irregular bundles between the two serous membranes—the peritoneum and cyst's lining. Inside the cyst on the solid mass were several ecchymosed spots; in some places the lining membrane was detached, forming secondary cysts. There were a few nodules of fibrous tissue in various parts of the cyst wall.

The patient's recovery was uninterrupted. Treatment the first twenty-four hours: *Hypericum*, 30,

three times day. The highest temperature was 100.2, pulse, 108. From a letter received two months later, I give the following extract: "I am wonderfully well, and am recovering my strength and walking powers. I have not felt so well in spirits for years past."

ENDOMETRITIS.

BY

JULIA HOLMES SMITH, M. D.,

Chicago.

(Read before the Western Academy of Homœopathy.)

That this well-worn subject is important no one will deny, since a large proportion of the ill woman "flesh is heir to" are consequent upon this malady.

In its acute form, readily yielding to remedial measures, *chronic endometritis* brings in its train, enlargement of the mucous follicles, with the development of cysts, then *metritis*, hyperplasia, with resultant displacement of the organ, headache back ache, reflex dyspepsia, sterility and a train of nervous symptoms, which render life a burden to the patient, and not infrequently to the physician as well, for the prognosis at least as regards length of time required for treatment is necessarily uncertain.

What is the malady—its etiology and symptoms?

By the term *endometritis* I mean catarrhal inflammation, acute or chronic, of the mucous membrane lining the whole uterus from *fundus* to external *os*, for like Goodell I am inclined to consider the division of of the subject into two parts, "cervical *endometritis* and corporeal *endometritis* arbitrary, since it is difficult if not impossible to decide exactly how extensive is the area of disease in the cavity of a body which is not open for inspection nor readily palpated. The distribution of the sympathetic is so extensive in the uterus that pain as a diagnostic factor is not very valuable. Shroeder, using the

terms *endometritis* and catarrh of the uterus as synonymous, says: "In my opinion this affection is more frequently confined to the cervix; the combination of the two forms is quite frequent, while catarrh of the body alone is very rare." Thomas, on the other hand, insists upon considering *endocervicitis* and *endometritis* as distinct ailments, devoting several pages to each. Klob agrees with Thomas, while Emmet, Tait, and many other modern authors seem to use the words *endometritis* and *metritis* as expressing periods in the same disease. No genuine metritis can exist except as accompanying, or consequent upon *endometritis*, the last order being most frequent since the inflammation is apt to progress from the mucous membrane to the parenchyma, involving gradually the whole wall. What is the character of this mucous membrane? to quote Savage:

"The lining membrane of the uterine body is a glandular structure consisting of a fine branched cell connective tissue frame work sustaining

- 1 Gland ducts and their alveoli,
- 2 Capillary network,
- 3 Lymph radicles,
- 4 Glandular nerve endings.

In the cervix, while the framework is firmer, the structural elements are about the same * * * the position of the cervix renders it more liable to become the starting point of inflammation."

The continuity of this membrane, the similarity of its arrangement on the parenchyma, renders fundus, body and cervix liable to acute endometritis from the following causes:

1. Exposure to cold during menstruation.
2. Dancing in heated rooms while the corsets are tight and skirts heavy, thus causing congestion of blood in the pelvis, and then going out in thin shoes to a cold, perhaps damp, side-walk.
3. The use of cold injections after menstruation. And here I'd fain emphasize an opinion uttered before this body four years ago, and since con-

firmed by large experience, that the use of vaginal injections, except in case of disease and under the direction of a physician, is contrary to reason and liable to cause disease. The vagina is a self-cleansing organ. It is not necessary to irrigate after the menstrual flow, nature takes care of that. Cleanliness is next to Godliness, no doubt; but health certainly predisposes to piety, and women can not afford to wash away their health. The doctrines of the so-called water cures seem to me responsible for much of the ill health of our women.

4. The persistence in marital duties without resulting maternity, no matter what means are used in prevention.

5. Traumatism from a fall, abortion, parturition, the careless use of the sound, or from the use of the much to be condemned intra-uterine stem pessary. From this last named cause has resulted one of the very worst cases of endometritis I have had to treat, the patient claiming that "the pain began just after the doctor put in that picture nail."

6. Over-exertion after confinement.

Acute *endometritis*, like inflammations of mucous membrane elsewhere, has its hot dry stage, preceded possibly by a chill, and at this time the touch would reveal a smooth, hot, dry vagina and cervix, the os slightly gaping as though the membrane were so tightly drawn, the lips could not close, and pressure would be very slightly painful. If the sound is passed, a proceeding to be reprehended when this condition exists, will cause exquisite pain either in passing the internal os, or touching the fundus, even lifting the uterus by the finger causes discomfort.

The subjective symptoms will vary, there is more or less pelvic pain, rectal and vesical tenesmus with scanty urine, and happy the woman who at this stage is treated homœopathically; Aconite or Belladonna and Apis if the cause has been cold, Arsenicum and Arnica if traumatic.

On general principles these remedies should cure, but, alas! 'tis rare indeed a physician sees the patient until the mucous membrane shows the changes of acute catarrh so well described by Shroeder.

The mucous membrane is swelled and hyperæmic, with a velvety surface, and is so soft that in the cadaver it can be scooped off with the handle of the scalpel. On the vaginal portion there are often erosions and the os is rounded. The ciliary epithelium soon disappears. The secretion increases, that of the body of the uterus supplies a thin watery serum, which soon becomes thickened with cast-off epithelial cells, and later an abundance of pus cells, so that it finally becomes whitish and opaque or purulent in character. The secretion of the cervix which is normally quite gelatinous, thick and ropy, becomes thinner and turbid.

The patient is restless, has some headache, there is a dragging sensation in the pelvis, perhaps leucorrhœa, and becoming anxious, calls the doctor, who, having diagnosed acute endometritis, should insist upon rest in bed, with the shoulders low, for the semi-inclined posture women assume on sofas and in bed tends by the force of gravitation to increase the flow of blood to the pelvis and keep up congestion of the uterus and its appendages. Hot poultices of linseed meal, or of mullein leaf, should be kept over the uterus and three or four times a day, the patient should have a vaginal douche of at least three quarts of hot flax-seed tea, or a decoction of slippery elm bark to which has been added 1 3 fl. ext. Hyastin and 1 3 boric acid for each quart. The remedies are Apis, Bel., Nux. Iod., Arsenic alb.; but as in bronchial catarrh Sanguinaria 2 x and Bryonia 3 x are my favorite remedies, so in acute *endometritis* the exhibition of these remedies has been uniformly satisfactory.

With this course of treatment faithfully pursued the patient should be quite well in two or three weeks *pro-*

vided there be no constitutional or original dyscrasia to debar: mucus scrofula, tuberculosis, prolonged nervous or mental depression, lactation and faulty nutrition are potent factors in causation and continuation of chronic disease, under their malignant spells acute passes into chronic *endometritis* and the sufferer seeks relief from a myriad of bad symptoms. She has dragging pain in back and loins, dysmenorrhœa with scanty or too profuse flow, she is nervous, her friends say *cross*, and well may that be, for the leucorrhœa at first bland has become irritating, and the vagina and external parts, are excoriated from the contact. In my experience 'tis when the leucorrhœa becomes sanious that the external parts become sore, and I invariably prescribe Arsenicum, on the same principle as I would for nasal catarrh, which excoriates nostrils and lips. For a douche Glyco phenique 1 part to 10, is my mainstay.

An examination will discover the uterus more or less displaced, a little heavier than normal with the cervix enlarged, the os gaping and a discharge of a muco-purulent character, as before described. If the case has been of long standing there will be glandular degeneration and as the mucus is wiped away a raw surface is exposed, and if the inflammation has extended to the fundus the introduction of the sound will cause pain and cause hæmorrhage.

It will be said no case should be allowed to proceed to such a grave condition without aid — perhaps not — but it is to be remembered the doctor cannot choose the time when he may be called to a patient and the question is, what can he do when summoned.

The disease is not self-limiting, we cannot leave endometritis to nature and high potencies. Constitutional remedies must be selected to meet each case. Cal. carb. or Jodatus, Hepar sulph. — Silicia, Iodine, Cod Liver Oil, Iron in some of its forms

and after noting write one of these medicines for the special condition. Kali bich., Conium, Sulphur, Sepia, Pulsatilla are my favorite remedies but even these do not, unaided, cure the case.

Pinus canadensis, Hydrastin, glycerine applied on a tampon of tow and left next the cervix for 24 hours relieves the engorgement, and allays inflammation; this should be followed by a vaginal douche of hot water, 107°, discharged slowly against the cervix: 3 qts. of water is necessary and in the last quart put 3 table-spoonsful of glyco-phenique. The tampon should be applied every 4th day, the douche used twice a day in the intervals. Some cases under this treatment make a good recovery in about six months or less, but others obstinately refuse to respond and then I have been *successful* with more heroic treatment, after the manner of Scangoni, Thomas and Emmet. Cleansing thoroughly the cervix of all discharge I have used Iodine, nitrate of silver and Carb. acid as caustics for the neck, when I felt sure the disease had not extended to the body, but when the chances were that the inflammation was extensive and perhaps the glands in the body were actively diseased I have used intra uterine placebos made of cocoa butter and Nitrate of silver or Bel. or Conium, or Tannic acid, etc., etc.

This method failing my next resource is the curette with which I thoroughly scrape the intra uterine, surface, and then medicate with Pinus Hydrortis suppsitories.

It not unfrequently happens that the general health does not improve with the change in the condition of the uterus in which case the physician will do well to order change of air with tonic baths, and last but not least, faithful massage.

Dr. Decaisne combats the notion that cholera is contagious—a theory, he says, entirely unsupported by anything worthy of the name of proof, and which tends to create unnecessary alarm

HERNIA.

By

GEORGE H. TAYLOR, M. D.,

New York.

(Continued from page 213.)

In seeking a cure for hernia which shall be such in fact as well as in name; which shall remove the radical cause, instead of concealing its effects; which shall restore the natural obstacles to the downward pressure of the bowels, and strengthen to the adequate degree the abdominal walls, in place of remedies that are sure to increase the weakness of the latter, while the former are innocently ignored, it becomes first necessary to understand the nature and position of all the parts involved. And, instead the one part, to which attention is usually exclusively confined, we shall find that there are several considerations involved, portions of which, and those portions the essential ones, have been neglected in practice.

The first consideration is the wall, through an aperture of which the hernial protrusion descends. The lower border of the abdominal wall, at its juncture with the pelvic bones, is the part most liable to the accident of hernia.

This wall is of complex, mechanical construction, into which enter muscular fibres, tendons, ligaments and fascia. There are both anatomically distinct and mechanically separable, only requiring for this purpose, the persistent divulsive pressure of the index-shaped body into which the overlying segment of intestine is capable of becoming molded by the coöperation of the influences by which it is circumscribed. The intestine approaches fluidity in softness, and is capable of pushing aside the yielding fibres with its persistent pressure, till it reaches the external fascia and skin; these being elastic are pushed before it, and form the exterior covering of the hernial tumor.

The conception of hernia which re-

gards defect of these tissues as the primary or only consideration in remedying the affection, involves the necessity of so strengthening these walls as to render them adequate for this purpose. Although this view is but a partial one of the existing facts, the practice of employing supports does not even aim to produce this effect; it only employs a substitute, which, of necessity disuses and discards both the wall and its function, makes no endeavor to restore either.

The second consideration is the fragment of bowel by which cleavage of tissues is effected. This might be supposed to lead to some suggestion of pressure or weight of the superincumbent mass, or at least divide the credit of hernia with defective tissues. But the usual remedies are addressed to the holding up of the extrusion from below, which is far as possible from support in the sense of sustentation by diminution of pressure. This, of course, effects no purpose relative to this second consideration. Actual support is entirely neglected, for the truss has no more influence on the pressure of the fragment of protruding bowel than a sheet of paper on the weight of merchandise it contains.

The mistaken assumption leading to the perplexity about supporting hernial protrusions, arises from the notion that the contents of the abdomen of necessity constantly and inevitably *rest upon* and compress with their weight, something beneath them. We will try to make clear that this is a palpable and ingenious misconception, as regards healthy men, women, children and animals.

This leads to the third consideration, and introduces the key to the situation, persistently ignored in all the methods of cure usually adopted. Reference is now had to the *physiological relations* of the affection, and their physical consequences.

The abdominal walls are not in fact, the *support* of the contents of the abdomen, and the contents of the abdomen do not, in health, *rest*

(in the sense of to remain), on the abdominal walls, or, if these terms, support and rest, be physiologically applicable, it is in such a modified sense as to practically negative the assertion. For the rest is something in the manner of an ascending column of water on the valve of a pump in action, when the walls (answering to the valve) are in a state of vital tension and powerful resiliency.

From these statements it is clear that hernia is due to physiological deficiencies—those of action—no less than to static, mechanical, and physical deficiencies. In fact, the latter are caused by and depend on the former. The true remedy, therefore, must always consist in the restoration of such *action* as shall result in proper and natural sustentation of the depending intestine, and of increase of of resiliency of the tissues connected with the affection by development through ordinary incentives to local nutrition. Etiology naturally precedes therapeutics.

The antecedent weakness at the point of hernial protrusion, and the gravitating force with which the contents of the abdomen impinge against the weak point whereby hernia becomes possible, have a common origin. This, without question, consists in *deficient function* of the vital constituents of this wall and of the mechanically co-operating parts. The function of muscles carries with it that of the fascia, ligaments and tendons which are affected by such functional activity. The resilient power of the hernial region depends on the natural and healthy action of the walls of the abdomen, and in general of the co-operation and participation of these walls in the *respiratory motions*. When healthy, these motions engage equally the exterior chest muscles, the diaphragm and the abdominal muscles; their action subject the included digestive mass, tube and appendages in a surging, reciprocating motion, the general direction of which is in the longitudinal axis of the trunk.

This motion is of no less importance to the abdomen, walls and contents, than it is to the respiratory organs, walls and contents.

The motion described affects the abdomen as a frequently recurring *lift*. The source and the incentive to this mechanical effect is the chest; which, acting as a pump, produces a tendency to vacuum in its cavity. This is effected principally by slight turning out of the lower ribs by the action of exterior muscles attached to them, thus suddenly widening the chest and increasing its cavity. But the upward impulse extends to the whole mass below the diaphragm, to the hernial border, and is manifested in change of position and removal of weight of the parts in immediate contact with this portion of the abdominal wall; it also affects in the redistribution of this weight, especially at the periods of relaxation or at inter-motions, and effectually prevents any continuous local pressure at hernial points.

This constantly recurring reciprocating action is further required to secure due development of structure and of resiliency at this portion of the abdominal wall. It renders the mechanical capacity of the wall adequate to any possible emergency that may befall, whether from shock or from extraordinary muscular action of other portions of the body to which hernia is habitually attributed.

We may obtain a very clear understanding of the mechanism of natural, healthy respiration by which the contents of the abdomen are lifted and the hernial border of the abdomen strengthened by observing the respiratory motions of any domestic animal when in a state of perfect repose. It will be seen that the upward movement, toward the air outlet from the lungs appears to begin at the crest of the pelvic bones, for it is nearest the pelvis the greatest depression of the abdomen occurs during expulsion of air.

In the cat, dog, horse, etc., there

can be no doubt as to the part subjected to most exterior change of place, as witnessed by the eye of the inquirer. It will at once be understood that if the respiratory motions assume the same force in the human subject, the muscles, tendons, fascia, etc. which conjointly form the abdominal wall at this point, ought to be as strong and capable of resisting mechanical strain as any in the body.

Assuming, for the present, that the cause of hernia has been sufficiently presented, it remains show how these principles are applicable in actual practice; so that the affection, once acquired, may be treated with something more than by mere palliation; and that it may indeed be thoroughly and radically removed, together with all tendency to relapse, whether the case be acute or chronic and the subject one of either sex.

The cavity of the body is an ovoid space, whose posterior, inferior, and superior boundaries are *rigid*. The spinal column assures rigidity of the back portion or boundary of the cavity; the pelvic bones at the base are immovable; while the upper ribs unite in front to form a dome over the whole, practically inflexible.

The flexible portion of the boundaries of this cavity are the thin, soft, elastic and contractile walls of the abdomen, anteriorly and laterally; joining these above is that portion of the chest walls formed by the lower ribs and their intervening muscles.

This last mentioned part of the boundaries of the cavity is that chiefly effective in drawing air into the chest and expelling it therefrom; in other words, in changing the form of the cavity and therefore its capacity for air, in regular alternation. The increase and the diminution of size of chest averages in man something like 30 cubic inches at every respiratory act. This is effected by the bellows-like motion of the chest, derived chiefly from its muscles. With this motion of the chest walls those of the abdomen in health co-operate.

The diaphragm, the thin, weak

muscle which divides the cavity of the trunk into its two parts, the respiratory and digestive portions, is of necessity under the control of and habitually yields to the far stronger and more abundant muscles of the exterior chest and abdomen. In estimating the functions of the chest as a *pump*, this dividing muscle may therefore be properly omitted.

The study of the form and effect of ordinary or natural respiration is made more difficult by the fact of the great excess of the respiratory capacity beyond the ordinary need. For, while the ordinary amount of change in size of the chest by the respiratory act is only about 30 cubic inches, the capacity of the chest is said to amount to 225 cubic inches. It is this excess of capacity over ordinary use, that is available remedially. It permits one or another part of the respiratory area to be specially employed and subject to special cultivation; while the whole respiratory area becomes instantly available for specific remedial ends.

The mechanical form of respiration as it exists in the lower animals, has been referred to as including the whole of both respiratory and digestive portions of the cavity. That essentially the same form is natural to man is shown by the following considerations:

1. The great preponderance in size, weight, power and functions of the muscles of the chest, over all others participating in the respiratory act, by which those of the abdomen including its superior as well as its anterior and lateral walls are completely subordinated.

2. The mechanical disposition of these chest muscles. Not only are these muscles powerful, but one extremity of each is connected to a *fixed* point, either spinal or the dome surmounting the cavity, while the other ends are so attached to the outer edges and angles of the ribs as afford the greatest mechanical effect in enlarging the enclosed space by contracting.

The ordinary general effect of contraction of the chest muscles, unmodified by habit, or by incidental circumstances, is to distend the chest-space and that portion of the abdominal immediately below the diaphragm, into which latter the inferior contents of the abdomen coincidentally rise. To this motion the anterior covering of the abdomen not only yields, but contributes its assistance.

3. That this form of mechanical action is positively necessary for health, and that other forms would be less than health requires, is proved by the peril into which it falls when this action suffers diminution. This peril relates to the forms of disability and disease into which the contents of the abdomen and pelvis, together and singly are liable. Thus, an ineffective form of chest action prevents the gliding of parts upon each other to which the contents of the abdomen and pelvis are in health and naturally subjected, and which is essential to secure venous and lymphatic absorption of nutritious matters from the digestive organs. It also impedes the return of the venous circulation from the abdominal and pelvic contents, which depends largely on the pump-like action of the chest. Ineffective chest action, therefore, promotes and probably causes hyperæmia of those organs located in the cavity, an effect necessarily greatest in organs at greatest distance from the seat of this power. It also suspends the action of the anterior abdominal wall.

These anatomico-mechanical principles have practical application, not merely in the prevention, but in the radical cure of hernia, of whatever variety. The application rests on what has above been called the great superabundance of the mechanical capacity with which the elastic portion of the walls of the trunk are provided. This is seen when a large portion of these movable walls is, by some device fixed; then the compensatory action of the remainder becomes emphasized, and the principles

employed in the reduction and radical cure of hernia, developed.

Thus, if the reader will clasp both hands tightly on top of his head, and then rather quickly mounts a few steps of a flight of stairs, he will have a good illustration of the principle under discussion. The walls of the chest in this way are prevented from participating in the respiratory motion, which, therefore, is wholly performed by the anterior abdominal wall, assisted by the diaphragm. Not only is the 30 cubic inches of air expelled from the lungs represented by the motion of the abdominal wall, but this number of cubic inches is probably trebled by the sudden demand for air caused by the kind and degree of exercise engaged in. The consequence of the fixation of the chest is that the work of respiration is thrown in unusual degree upon the abdominal muscles, which are therefore compelled nearly alone to lift the abdominal contents. The effect of this lift extends not only to the combined tissues of the hernial region, but includes also the contents of the pelvis, the womb, and the rectum.

The same principle is capable of illustration by another and very different experiment. If the reader will press very strongly with his hand upon any portion of the mobile portion of the walls of the trunk of a person in state of perfect repose, either lying or sitting, he will in a few moments observe that the portion covered by the hand rises and falls in respiration, while the remainder of these walls remain *perfectly motionless*. To become convinced that this is neither a habitual nor accidental motion at the point, the application of the hand with the same strong pressure may be changed from place to place. It will be found that the motions of respiration change correspondingly, and continue to be pronounced under the pressing hand, and *there only*. The remainder, or uncompressed walls of the trunk, remain motionless, quite unaffected by the act of respiration. This shows

that the whole of the lifting of respiratory action is easily transferable; and if desired, rendered available at any selected point. This principle may therefore be practically available, not to palliate, or as mere prophylaxis, but for the radical and permanent cure of hernia.

(To be continued.)

PREPARATIONS OF PEPSIN.

BY

DR. ADOLPHE TSHEPPE, New York.

Lecture Delivered April 12, in the New Yorker Deutsche-Apotheker-Verein.

[Translated by Hugo Engel, M. D., for AMERICAN HOMŒOPATH.]

Notwithstanding, during the last decade, an immense amount has been written and published on this subject, our knowledge of the latter and our individual judgment regarding the same has by no means been enlightened, and to-day we are still in the same position of empirical experimentation in which we were formerly. We admit we have made a decided progress, but if we consider the great popularity enjoyed, for instance, by preparations of pepsin, proven by experimental research to be worthless, the practical application of what is known concerning at least the use of this remedy seems to have been promulgated only in a very limited degree, especially in the medical profession. To answer generally many questions asked of me, I have written the following:

The gastric juice *vulgo* pepsin, was introduced as a medicinal remedy by Dr. L. Corvisart, who supposed that this juice, which was recognized also as the digestive principle for albuminoid bodies out of the stomach, would be indicated in all cases, in which, from want of its secretion, disturbances of digestion, dyspepsia existed. The physiological supposition has been verified by experience, and the gastric juice has since been employed in different forms, as wine, elixir, glycerol, or in the dried state, and been

prepared in many different ways under the name of pepsin as the apparently isolated digestive principle, and, after a great deal of opposition, it has at last been introduced into all the pharmacopœiæ.

Pepsin is official in our Pharmacopœia under the name of *Pepsinum saccharatum*; in the German Pharmacopœia it is simply called *Pepsinum*. Modes of preparation are not mentioned in either of these pharmacopœiæ, but its properties* and tests are given. The U. S. Pharmacopœia has adopted Scheffer's method of testing the remedy and his "standard strength:" 1 part pepsin to digest with 500 parts water, acidulated with $\frac{1}{2}\%$ of absolute muriatic acid (*i. e.*, $1\frac{1}{2}\%$ of the officinal concentrated acid), 50 parts of hard-boiled albumen within 5 or 6 hours, at a temperature of 38–40°. The German Pharmacopœia demands double strength, 1 part to dissolve 100 parts of albumen cut into small pieces of the size of a split pea; time, 4 to 6 hours. This capability of dissolving is badly expressed in Germany by the "percentage of pepsin," so that a pepsin which is capable of dissolving a hundred times its weight of albumen is called 100 pct. pepsin, not because it contains 100 pct. of pure pepsin. Our officinal pepsin would be therefore a 50 pct. preparation, and one cannot say that the pharmacopœia makes a very high demand, as there are many pepsins in the market which are much stronger, and which may be changed into a pepsin of 50 pct., by diluting it with sugar of milk. The German Pharmacopœia does not mention any substances by which pepsin may be reduced to its norm, but the pepsins which come to us from Germany are

* Under "Properties of Pepsin," a *lapsus lingue* has happened in the German Pharmacopœia, copied also in other places; it says, that pepsin does not give a clear solution with water, but that the solution can be made clear by the addition of two drops of muriatic acid. That these two drops really refer to a quantity of pepsin equivalent to as much as the "point of a knife" will carry, is left to the imagination of the reader

also diluted with sugar of milk. The Pharmacopœia demands also its solubility.

The solubility for albumen changes greatly under different circumstances; and experiments of comparison have to be instituted always under the same conditions. Temperature, percentage of acid, concentration of the pepsin-solution, *i. e.*, the quantity of fluid in relation to the pepsin employed, have their determining influence upon the quantity of the albumen dissolved as also upon the time necessary for its solution; and for the latter (the time) the degree of division of the albumen is especially important, this influence even going so far, that the time necessary for the solution of finely-divided albumen amounts to as many minutes as, according to the pharmacopœia, hours are necessary.

Our pharmacopœia does not mention a word about this division of the albumen and it can be concluded only from the time given, that the pieces of albumen have to be of about the same size as those the German Pharmacopœia directs.

For the purpose of a comparative test of different preparations of pepsin I have made use of the following somewhat different procedure, as it permits their examination within a short time, while according to the process given in the Pharmacopœia, one to two days are necessary.

Albumen, taken from the raw eggs is beaten to destroy the cellular walls and mixed with water, sulphate of magnesium is dissolved in the fluid, the latter filtered, and the whole is heated after a few drops of acetic acid have been added. The albumen separates itself as a fine cream-like precipitate, which, on the filter, is freed from the salts by water; and diluted with a definite quantity of fluid containing 0.5 pct. of absolute muriatic acid (5.0 pct. diluted by hydrochloric acid, Ph. U. S., 1883).

For the purpose of comparing with this, the digestive power of different preparations of pepsin, I made solu-

tions each containing one pct. of the respective pepsin, and to this I added 25 Ccm. of my albumen-magma,* having previously shaken the latter thoroughly and exposed the same to a temperature of 40° C. This temperature was preserved in the water bath. Solution sets in within fifteen minutes, when 25 or 10 Ccm. of the magma are again added to each solution, and this is continued until at last the pepsin does not visibly dissolve any further addition. This end may, near its approach, generally be recognized by the fact that the dissolving process itself goes on more slowly. In case one employs for the different kinds of pepsin relatively 100, 150, 200, 400 Ccm. of the albumen-magma, these numbers will express the relative dissolving power of the different preparations of pepsin in the same numbers. To reduce this value to the albumen, which is coagulated in one whole egg, the percentage of dry substances in the albumen, or in the solution employed, is calculated and then multiplied with seven. (It is remarked, that albumen generally contains 14.25 pct. of dry substance). The albumen of one egg to every 100 or 150 Ccm. fluid is to be recommended for practical purposes. It has further to be remarked that the solution, which is finished within a short time, does not represent any peptonization of the albumen; at first there develops itself only the first stage of the process of peptonization; the solution takes place by the change of the albumen into syntonin, which is precipitated perfectly, not by the temperature of boiling, but by its careful neutralization with an alkali, or by boiling with a saturated solution of carbonate of lime or of carbonate of lead. The addition of chloride of sodium to the acid solution precipitates also this syntonin. The perfect metamorphosis into peptone demands considerable time, and is generally not fin-

* The albumen prepared by the author and just described. *The transl.*

ished as yet after a period of twenty-four hours. The quantity of the still present and not peptonized peptone (as syntonin) is recognized by the amount of the precipitate induced by ferrocyanide of potassium and acetic acid. This precipitate does still appear when, by neutralization, no sediment takes place any more.

(To be continued.)

RECENT GYNÆCOLOGICAL RE-SEARCH.

BY

J. G. BRINKMAN, M. D.,

New York.

(Continued from page 223.)

Am. Obst. Jour., Mar., 1883, reports four cases of Battey's operation, for the relief of hysterio-epilepsy, all in women under 30 years of age. In three of these cases there was retroflexion, endometritis and adherent walls. The writer of the report says it is criminal neglect not to operate after every other proper treatment has failed. In these cases the proper treatment has consisted of Bromides, Valerian, Zinc, Arsenic and Strychnine. In a case discussed before the Gyn. Soc. of Wash., Dr. King, the president, remarked that the necessity for such an operation, especially in young women, was a sad commentary on the boasted scientific knowledge of the day. The pathology, therapeutics and hygiene of these troubles have yet to be understood. Immediately after, Dr. Battey read his paper before the International Congress, a report of 218 cases, 26 of which were epileptic. Dr. Grailes Hemitt reported hystero-epilepsy due to flexions of the uterus cured by the use of an appropriate pessary. A case was reported to the Berlin Med. Soc. of hysteria cured permanently by pretended operation, a superficial cut only being made. The patient had suffered for years with ovarian pain and obstinate vomiting. After the pretended operation there was extreme pain and retention of urine for 12 days. The effect of nerve impressions is further illustrated by a report from a French

journal of operation for ovarian tumor in a woman 43 years old. The patient recovered but became permanently maniacal. The mania could only be attributed to the operation. It has been suggested that in so-called recovery from epilepsy following Battey's operation, the cure may only be temporary, due to impressions made upon nerve centers. These cases are, as a rule, early reported, and soon lost sight of. In the light (or darkness) of these accumulated observations we may rejoice that we have a law of therapeutics by which we can do so much toward the prevention and cure of these serious cases.

A novel treatment of inveterate and troublesome displacements as prolapsus and retroflexion is given in the *Medical Times and Gazette* April, 1882, by Wm. Alexander. He cut down upon each abdominal ring, and, (as he expresses it,) pulled out the slack of the round ligaments, freeing each from its nerve and neighboring tissues. He then stitched the ligament to the tissues around the ring, the ligament slides within its sheath and the peritoneum is not disturbed. He has operated in this way two or three times. He thinks that pregnancy *may* result in *abortion* as the ligaments may not stretch any way he thinks it offers better chances than the lower operation, as pregnancy destroys the results of that, and congratulates himself by saying that when cohabitation has been provided for the chief object has been attained a sad commentary as Dr. King has said on our boasted scientific knowledge.

Dr. Cushing, of Boston, puts the truth rather strongly (*Am. Jour. Obs.* Feb., 1882, he says :) It is evident that the local inspection, swabbing, cutting, burning system is getting through ignorance of its results to be a fashionable method of practice and treatment and *teaching* as well. Our medical students fired by zeal to be called specialists, try a speculum before they can tell an os uteri from a

case of piles. Our medical professors, even Homœopaths, advise their students to go abroad as soon as they graduate, virtually acknowledging their inability to teach them but a part of what they should know. When they return they have possibly learned to treat one case quite energetically, while they find 99 cases they cannot cure, though perfectly amenable to homœopathic remedies. He closes by giving a case of leucorrhœa of four years standing, which had resisted all known treatment, cured by one powder of Sulph. in three weeks. She was under observation five years with no further trouble. Another case with leucorrhœa for eight years, in a word she was in a pitiable condition, with no hope of ever being better. One prescription cured her entirely. Another, who had been swabbed, washed and burned for twelve years, until she had prayed for death, cured in three months by homœopathy. While writing the above I have been led to feel that we Homœopaths who hold so great a trust and truth are not doing all in our power to advance the cause of humanity should we not more carefully analyze our cases and make a diagnosis in the light of all that is known of Gynæcology from the specialist's standpoint, and in reporting our cases give this with exactness and the result of our treatment. The great army of suffering women pass silently before us with none to record the exact record of their suffering or relief. As a rule we get only the reports of operative cases which are the least instructive, and which tend to discourage us to begin the cure of a complicated case of uterine disease. In Therapeutics we know we have the best that remedies can do, let us more earnestly strive to set our cases side by side with those of our brothers of the other school that the results may counteract the tendency to mutilation that is constantly going on.

I have been much impressed with an article by Chas. Taylor, M. D., Am. Jour. Obst., Jan. 1882, on the

effect on women of imperfect Hygiene of the sexual function. (Am. Jour. Obst., Jan 1882.) He begins by saying that civilization is hard on women. Stimulated to efforts beyond her strength, with opportunities restricted directly and indirectly by her sex, whatever else she may have gained in civilization she has lost much of tranquillity. All through animated existence nature requires repose for her most serious processes and the most serious part in keeping the race alive woman enacts. She comes up to full womanhood with the endowment of her generative capacities as an ever present influence controlling her growth in mind and body. The paper is extremely interesting as giving facts which we all meet, but hardly know how to combat. He goes on to say that civilized women live in an atmosphere at once false, strained and unnatural as relates to their sexual life and their bodily health and mental processes are injuriously affected by the strain to which they are subjected. The sexual feeling exists in women much more largely than is commonly believed, though its presence is masked by a great variety of circumstances. Chief among these is the perversion of feeling from the directly erotic to those which have their origin in the erotic sense, but find expression in feelings, which, being perverted, are not recognized as sexual. Whatever feeling is especially emotional is *liable* to be the outlet of suppressed erotic feeling. Hence the common disposition to cultivate æsthetic sentiments among so many women, to the exclusion of almost everything of an intellectual or practical nature. The exclusive cultivation of esthetics by intensifying feeling in general increases the liability of the sexual feeling to become intense, along with other emotions. For one emotion is readily convertible into another, when a person is undisciplined in his mental processes. He calls attention to this semi-erotic state existing among young women,

who themselves are often ignorant of the nature and origin of their feelings. A disposition to introversion self-inspection, watching themselves live, as the French say, are some of its characteristics. He illustrates his subject with cases very interesting and instructive, the chief characteristics of them all was loss of power in the lower extremities, with a multitude of symptoms of a hyperæsthetic nature. The cases were almost hopeless wrecks. He points out that, the mind being engaged by emotions, volition is curtailed. While it resembles paralysis it is not easily mistaken for it. The point of the paper is to show that the sexual function may not be ignored, and the question comes up, How can unmarried women live in health and comfort? The fact is, that unmarried women can exist in perfect health, but they must take pains for it. The first truth to learn is, that the use of the generative function is a physiological demand. It follows that, when organs provided for reproduction are not employed, some other demand for the suspended energies which shall effect a vicarious relief to the unemployed functions, must be established. Accumulated force must find an outlet, or disturbance first and weakness ultimately results. And this outlet we find in well-exercised muscles; it must be real muscular action and not vain excuses for it. Let education be more practical. Knowledge and labor are the remedies for neutralizing the evils connected with the health of single women in civilization. He closes by saying, that when unmarried women, young or middle aged, shall clearly see that to be well in body and mind, they must *do* something day by day, and *every* day, that is in the nature of effective bodily effort, as a counterpoise to sexual inaction, they will be healthy and strong.

I have quoted at length from this article, because herein is the key to the prevention of so much ill-health among young women.

(To be continued.)

DIGITALIS WITH SUICIDAL INTENT.

BY

ROBERT A REID, M. D.,

Boston.

Every now and then emergent cases arise when the practitioner needs his wits about him, but we can imagine no circumstances which could be more painful than to be called to a case of poisoning, either intentional or accidental, and not know what to do, for in such cases not only must the right thing be done, but it must be done quickly. Cases of cut-throat or suicidal attempts with morphia, strychnia, arsenic, or other well-known poisons, are not so very uncommon, but the following case which came to our notice some months since is the only one, in our experience, where digitalis was seized as the instrument of death. The would-be suicide was unmarried and about fifty years of age. She was exceedingly intelligent, and until the past few years, was greatly admired for beautiful traits of character, as well as for rare personal charms. About five years prior to her rash attempt, she attended and cared for most assiduously and tenderly, a sister who died from phthisis; since that time she had been regarded as decidedly "queer." The first manifestation of mental disturbance noticed, was her obstinate refusal to converse concerning, or to even allude to the deceased sister, to whom she had been devotedly attached, eluding most adroitly all attempts made to lead her to in any way show that she remembered that such a person had existed, and when her mother inquired, with a purpose, who had made a certain article of fancy work, instead of replying Lucy—the deceased sister—she said, "it was made here in the house." Having never manifested anything more than similar eccentricities, refusing to see former friends adopting a few set questions which she propounded each day to every-

one whom she saw, she was not deemed "dangerous," but as a wise precaution, all articles which could be used for self injury were kept from her, and she was never alone. Her mother, aged eighty-six years, was supposed to have fatty degeneration of the heart and suffered from occasional attacks of dyspnœa, and had been advised by her physician to procure a phial of digitalis and take a few drops each day. This she had done at intervals for years, and apparently with more or less benefit. Watching her opportunity the daughter obtained the bottle, a two-ounce vial, from the sideboard, and drained its contents. When seen she was partially collapsed. The radial pulse was slow—about 30 per minute—irregular and almost imperceptible. There were large alvine evacuations, nausea, vomiting, loss of vision, and faintness almost to syncope, and altogether the prospect seemed a gloomy one, though complete restoration finally took place.

Such cases are not very common, and yet as digitalis is used so commonly and carelessly, and has, as is admitted on all hands, a cumulative action, the most alarming symptoms may arise without any warning and without increase of what was deemed a safe dose.

In such a case one would wash out the stomach, hoping to remove any of the drug unabsorbed, or not yet ejected, if vomiting had occurred. Not every physician has a stomach pump at hand, but an effectual substitute may be improvised by taking a piece of rubber tubing a few feet long—five or six—and introducing one end into the stomach, the other end being held above the head, and water poured into it through a tin tunnel—spout of a coffee pot or other device. If, after the stomach is nearly full, the tube be pinched when distended with water, and the external end placed below the level of the stomach, it will act as a syphon and empty it. Nothing else being at hand an ordinary rubber enema ap-

paratus with the bulb in the center, will fill the bill if the valves be removed, or, as is apt to be the case, they are out of order. A point worth remembering when the pump itself is used, is that a little water should be introduced before an attempt is made to empty the stomach. Failing, any of these appliances, resort must be had to an emetic, and the question is seldom which is the best, but which can be first obtained. Some people vomit readily enough and with them a drink of tepid water and the introduction of the finger or a feather into the throat will answer, but most persons require something more, and in them mustard—a tablespoonful in a half pint of water—will prove most useful, besides having the advantage of being always at hand.

Digitalis kills by paralysis or spasm of the heart, which is found rigidly contracted. Stimulants, alcoholic and ethereal, are our best means of opposing this, and if not retained by the stomach should be introduced into the rectum or injected subcutaneously. There is also a tendency to fatal syncope, which is especially apt to occur when the patient attempts to make any exertion, even to sit or stand up—in fact patients under the full influence of digitalis, which is sometimes purposely and unwisely (we think) induced, are only safe when in a horizontal posture, and this should be maintained for a time after all symptoms have subsided. It is uncertain just what quantity was taken, but the vial was said to be full—probably nearly two ounces.

It is also no easy matter to say positively what is the fatal dose of digitalis; as much doubtless depends on the patient's age and condition, the condition of the stomach as regards food, the occurrence of copious and early emesis, and the strength of the preparation. The probabilities are that considerably less than two ounces will destroy life with much certainty, though this is not the only case where recovery has taken place after such a dose.

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A. L. CHATTERTON PUB. CO.,
New York.

EDITORIAL.

Words are things, and this small drop of ink, falling upon a thought may perchance make thousands think.—CHOATE.

THE Homœopathic Medical Society of this State will hold a semi-annual meeting at Ithaca, on the 11th and 13th inst. The Secretary's announcement printed in our August impression, shows that considerable reductions are offered both in hotel and railway rates. As the season of the year is a pleasant one for travel, and the meeting is sure to be an interesting one, we hope that all who can do so will endeavor to be there. These occasions always repay such slight sacrifices as they cost, and a full attendance of physicians, adds to the outside interest taken in the meeting and to the prestige of the school. Dr. A. P. Hollett, of Havana, will

gladly furnish any further information required.

* * *

At their regular quarterly meeting in June, the Illinois State Board of Health discussed at some length the standing of various medical colleges. In no State are quacks and charlatans so vigorously dealt with as in Illinois, the Board there discountenancing every medical college, irrespective of school, in any part of the country, that does not come up to a certain standard. At this meeting the Indiana Medical college (eclectic) of Indianapolis, and the Joplin Medical College (allopathic) of Joplin, Mo., were both ruled out and took their place among a number of unrecognized institutions.

Regarding the laws regulating the rights of physicians to practice medicine upon diplomas, the Board takes this position: "A legally chartered medical institution in New York, or in Wisconsin, or in Missouri, or in Massachusetts, may graduate its students and endow them with diplomas conferring upon them the rights and privileges of doctors in medicine, subject to the laws not only of the State but of the community in which they practice. But when such physicians enter Illinois to practice they must conform to the Illinois law. The right to practice medicine is not a constitutional right, nor a right inherent in the law of nature, nor an absolute right conferred by a college, whether specially chartered or otherwise. It is a statutory right, subject to the control of the legislature; and the legislature of this State has prescribed the terms and conditions upon which it may be exercised in this

State. Among these terms and conditions is one to the effect that the practitioner, if a graduate, shall represent the diploma of a college in good standing; and it devolves upon this Board, by the terms of the law, to determine what colleges are, and what are not, in good standing. Only the graduates of such—with exceptions not pertinent for consideration in this connection—may practice medicine in Illinois, no matter what rights the laws of another State may confer in that State. It has seemed necessary to say this at the present time for the reason, among others, that it is a matter of importance to the student of medicine intending to practice in this State, that he pursue his studies at colleges which comply with the requirements of this Board."

* * *

At the recent meeting of the American Medical Association an attempt was made to discipline Dr. Rauch, the Secretary of the Illinois State Board of health, on the ground that he was a member of a Board made up of homœopathists and eclectics as well as regulars, and as such, had violated the code; that he was engaged in licensing homœopathists and eclectics to practice and therefore was acting injuriously to the profession. Calmer counsels, however, prevailed, the Association holding that the code of ethics could not be violated by any action of a member which was necessary to the discharge of an official duty under the law. So Dr. Rauch is kindly permitted to go on licensing homœopathists as the law directs.

Dr. Ranth furnishes the subjoined letter for publication:

_____, _____, ILL.
 "TO THE SECRETARY STATE BOARD OF HEALTH DEAR SIR I sent you my diploma early last march and have not heard from it since did you receive it or do you know anything about it I am becoming quite anxious concerning its safety My diploma is from _____ Medical College _____ dated _____ 1882 I also sent you a letter containing a one dollar bill to pay for the certificate If you will give me the information I request I shall be greatly obliged to you

Your's very respectfully
 _____, M.D."

It is a sad commentary on medical education that such an ignoramus holds a diploma signed by the faculty of a *regular* medical college, and one, too, recognized by the Illinois State Board. Nor is this a solitary instance. Not less than two hundred graduates in medicine have filed their diplomas who cannot spell the word. The following are some of the variations: Diaploma, diplomy, diplomer, diplomah, diaplemy, diplumer, diploma. But it is not necessary to go West to find cause for chagrin. We have in our possession a letter from a graduate of a New York city college who puts it this way: "hart," "intestens," "wimen," "desese;" and yet he claims to have been a student of medicine for nearly twenty years.

* * *

Such things offer no occasion for levity, but present a most serious problem for solution. What is the duty of the profession to these men? Many of them, though ignorant, possess the natural aptitude for healing. They have to a large degree the power of inspiring confidence and

winning the respect of their patients. Often they are more successful in curing the sick than their refined and cultured neighboring rival. They are all these in spite of their ignorance. To compel such men to go through the drudgery of a classical curriculum or abstain from practice, means to drive them out of the profession. To drive them out of the profession is in many instances depriving the community of most valuable aids to the sick in recovering health. And yet to license them in their ignorance is giving to them and the community a false impression as to the necessity of a liberal education as a preparation for a professional career. That they would have been better physicians for such an education who can doubt ; but the exigences of life have prevented such a course, and our duty to them, to the community, and to ourselves is not plain. It is evident enough, however, that a spelling class would be a useful adjunct in most medical schools.

* * *

There is considerable quiet discussion among the physicians of this State as to the licensing of practitioners. A proposed Act of Legislature has been prepared, which provides for the appointment by the Regents, of a board of nine examiners, three of these to be Homœopathists and one an Eclectic, and none to be connected with any medical college. Any one after a date to be fixed by the Legislature desiring to practice medicine in this State, and not already registered, must pass this Board, and present a diploma from some regularly chartered medical institution.

Most thoughtful physicians will agree that it is desirable to have some official check on the present method of licensing incompetent persons to practice, indulged in by colleges of every name ; but there will be a wide divergence as to the proper constituents of the licensing faculty. There are those who would have it composed exclusively of Old School doctors of the strictest sect, who would rule out every one who could not pronounce the regular shibboleth. Others, like our neighbor the *Medical Times*, would have the Board made up irrespective of party ; proclivities, and trust to luck that the members would be so cultured and honest as to treat all comers impartially. Recent proceedings in the Academy of Medicine and in the New York County Society do not seem, however, to confirm this millenium theory. Again, it is proposed to have three distinct Boards, and permit the applicant to select the one to which he shall submit himself for examination.

Now, as in anatomy, physiology, surgery, obstetrics, chemistry and pathology the standard should be precisely the same, it seems useless to have more than one examiner in each department. In materia medica, therapeutics, and practice, however, there well might be examiners selected from each of the three schools. In this way the advantages of a single and triple commission would be maintained, and unjust discriminations prevented.

As the matter will probably come up for discussion at the State meeting this month, and is surely a matter of much importance, it is to be hoped that the Homœopathists of this Stat

will carefully make up their minds as to what they want,—and ask for it.

* * *

THE Buffalo *Investigator* believes the proposed bill to be a beautiful plan to stamp out all who do not believe with the *majority*; and says that many of our homœopathic flies have already flown into the allopathic web. Dr. Brayton is in favor of State examiners, and he says let all pass who can, whether they have a college diploma or not. "It is *knowledge* and *brains* we want, not degrees or courses of study. If the candidate has a good moral character, and is old enough and knows enough, let him loose and give him a chance."

* * *

As to what some of these cultured and honorable gentlemen that the *Medical Times* believes in would do, if they had the power, listen to the following from the Indiana Medical Society: "Dr. George Sutton, of the Committee on Medical Legislation, said that 'the regular system of medicine was the only true system. * * * We are not allowed to consult with irregular physicians or to recognize them as members of the medical profession. * * * Our Code of Ethics regards the regular system as the only true system of medicine.' He also read a draft of a bill which embodied 'the only law we can consistently ask the Legislature to pass for the protection of the people against the evils associated with the practice of medicine: That no person shall be allowed to practice medicine in the State unless he be a graduate of a legally authorized regular college in good standing. The standing of the college to be decided

by the State Medical Society composed of regular physicians.' " This was unanimously endorsed and accepted by the Society.

* * *

AND just here it may be as well to notice the legal aspects of this prescription business. Says D. R. Jaques, LL.D., Professor of Municipal Laws, University of New York: "What is the Code of Ethics? What is the power of the State Society to enact one, or to legislate on any subject? * * * The rules of the Code of Ethics are *by-laws*. * * * The Act of 1813 and the Act of 1866 are explicit in requiring that the by-laws, rules and regulations of the State Society shall not be 'inconsistent' with the *laws of the State*. * * * It is not consistent with the *letter* of the statutes which prescribe the qualifications of practitioners. * * * But there is another consideration equally serious: The rule in question is the action of an organized body of men. It is the act of combination. The men thus combining * * * consider themselves the *only* qualified practitioners of the State. By adopting this rule, they *combine* to deprive the community of the best advice to be had in case of sickness. Such a combination is against common law, and the provisions of the statute as well (Penal Code, Section 168). It is a conspiracy against the public health."

* * *

A STARTLING bit of news is launched at us by the sprightly editor of the *San Francisco Chronicle*. This enterprising gentleman has added one more to the list of terrors that afflict humanity. Examining with a

microscope an antiquated brickbat, taken from a building that was being torn down, he found each pore inhabited by a rod-like animalcule. "Their motions," he says, "when they were exposed to blows, were as the link of a chain, reminding one of a system of joints to be extended and contracted. They were semi-transparent, with a light, scintillating column nearly two thirds their length, extending from nearly their head to their pointed tails, probably their spinal column." It is probably that San Francisco will find it desirable to have all bricks vaccinated, as germ-propagating diseases spare not even the house-walls. The case finds a parallel only in the Arkansas village where the houses are reputed to be protected against malaria by mixing the sulphate of quinia in the paint with which they are covered.

ABSTRACTS.

PECULIARITIES OF DENTAL SENSITIVENESS.—Investigations made by Dr. Franzius show that the tooth most often affected by decay is the third molar, such cases forming one-half of the total number. The teeth begin to decay in a certain successive order, the lower third molar being first attacked, then the upper, then the lower fourth molar, and so on, the incisors and the canine teeth of the lower jaw being the last reached; the upper teeth are more durable than the lower, in the proportion of three to two, and the right teeth show a greater vitality than the left. Finally, the durability of teeth is less in light persons than in dark, and less in tall than in short persons. An examination of Prussian soldiers furnished these data.

THE WONDERFUL ELECTROSCOPE.
—If the *Otago* (New Zealand) *Times*

can be depended upon, applications of electricity are making rapid progress in the Southern Hemisphere. Thus in a recent address the Rev. Mr. Gilbert, of Christ Church, told his audience that it was now proved to be possible to convey by means of electricity vibrations of light—not only to speak with your distant friend, but actually to see him. The electroscope—the name of the instrument which enabled us to do this—was the very latest scientific discovery, and to Dr. Gnidrah, of Victoria, said Mr. Gilbert, belonged the proud distinction. The trial of this wonderful instrument took place at Melbourne on the 31st of October last in the presence of some forty scientific and public men, and was a great success. Sitting in a dark room they saw projected on a large disc of white burnished metal the race-course at Flemington with its myriad of active human beings. Each minute detail stood out with perfect fidelity to the original, and as they looked at the wonderful picture through binocular glasses, it was difficult to imagine that they were not actually on the course itself, and moving among those whose actions they could so completely scan.

BATHERS' CRAMP.—Some recent bathing fatalities have again drawn attention to the subject of bathers' cramp. If the nature and causes of this dangerous affection were more generally known, it is probable that many deaths from drowning in the bathing season might be prevented. Cramp is a painful and tonic muscular spasm. It may occur in any part of the body, but it is especially apt to occur in the lower extremities, and, in its milder forms, it is limited to a single muscle. Pain is severe and the contracted muscles are hard and exquisitely tender. In a few minutes the spasm and pain cease, leaving a local sensation of fatigue and soreness. When cramp affects only one extremity, no swimmer or bather, endowed with average presence of mind,

need drown ; but, when cramp seizes the whole of the voluntary muscular system, as it probably does in the worst cases, nothing, in the absence of prompt and efficient extraneous assistance, can save the individual from drowning. Although the intimate nature of muscular cramps, and the precise mode in which they are established, are still unknown, experience has furnished us with sufficient data on the subject to enable us to recognize the chief conditions of their causation. These conditions are a peculiar insusceptibility or idiosyncrasy ; the shock of cold applied to the general surface of the body ; prolonged muscular exertion ; and forcible and sudden muscular exertion, especially in the direction of the extension of the extremities. There can be no doubt about a liability to muscular cramp being an individual peculiarity. The disorder is especially apt to arise in persons of irritable temperament. While cramp has been met with in all ages, sexes, temperaments and climates, it has been observed that it occurs far more frequently in warm climates than in cold, and chiefly in the hottest of warm climates, and that persons of middle age suffer most from the affection, and men more so than women, and the robust and vigorous more so than the weakly. Neither can there be any doubt that the shock of cold applied to the surface of the body, especially when the body is unduly heated, is the commonest determining cause of the worst and most extensive forms of bathers' cramp. On this fact is founded the common prejudice against bathing when the body is much heated. Many fatal cases have illustrated this point. Only a few days ago, a robust soldier, who was an expert swimmer, rowed in a boat, upon a sultry evening, to a deep pool ; here, with his body glowing from muscular exertion, he plunged into the water with the intention of taking a refreshing bath, when he was immediately seized with general muscular cramp, so that the poor fellow

was at once drowned. That mere prolongation of muscular exertion, as in continued swimming, and that forcible and sudden exertion, particularly in the extension of the extremities, as in swimming, with very vigorous and rapid strokes, are, respectively, efficient and frequent determining causes of cramp, are familiar experiences to every swimmer. These muscular conditions, however, usually give rise only to the slighter and more localized forms of cramp. Serious cramp is a peril which menaces most persons with highly developed muscles. Its most powerful and most avoidable cause is the sudden immersion of the body, when its surface is highly heated, in water of a relatively low temperature.—*British Medical Journal*.

CURE OF HYDATID CYSTS BY CAPILLARY PUNCTURE. — Dr. Alessandro Borgherini reports *in extenso* the histories of four cases of echinococcus cysts treated by capillary puncture and withdrawal of a small quantity of fluid. Of the four cases three were cured, but in the other a second puncture with complete evacuation of the cyst was necessary. The punctures were made with the needle of a hypodermic syringe, and the amount of fluid withdrawn was from one-half to two drachms. A slight elevation of temperature followed the operation in every instance, but in one case only did the fever continue for any length of time or rise to any considerable height. Improvement did not follow until from eight to fifteen days after the punctures were made. The author thinks that possibly the cure is brought about by the altered tension caused by the abstraction of a small amount of fluid and the consequent disturbance of osmosis, a process by which the parasite obtains nourishment. Or possibly the slight puncture acts as a traumatic injury impairing the vitality of the parasite.—*Gazzetta Medica Italiana*.

MULTIPLE FIBROMATA OF SKIN, WITH DEVELOPMENT IN LARYNX AND PERICHONDritis—DEATH FROM TUBERCULOSIS.—A case is reported by Th. Hering (*Wien. Med. Presse*, No. 2) of a man whose general surface was adorned by about fifteen hundred fibrous tumors, some as large as a hen's egg, and who also suffered with pulmonary tuberculosis. Subsequently, hoarseness, dyspnoea, and difficulty in swallowing directed attention to the larynx, and led to an examination. A large growth was found in the neighborhood of the left arytenoid, and under the vocal cords was seen a cherry-sized, reddish-yellow tumor, which above was smooth and slightly granulated at its sides, which nearly closed the lumen. Tracheotomy was performed. In a few days a pulmonary hæmorrhage occurred, which caused death. Post-mortem examination showed pulmonary tuberculosis. The tumor in the larynx, which was apparently also tuberculous, communicated by a small canal with the necrotic processus vocalis. Near this tumor was a growth as large as a hazel-nut, which under the microscope was recognized as a soft fibroma like that which was found under the vocal cord.—*Centralblatt für Chirurgie*, No. 20.

CEREBRAL LOCALIZATION. — To those who have followed during recent years the careful experiments of Physiologists seeking to establish the theory of cerebral localization, and who have believed or disbelieved as the successive experiments of equally eminent authorities appeared to confirm or disprove this theory, the following comments of *The Lancet* on a recent resume of the subject will be interesting.

It is an interesting and noteworthy fact that pathological observation is doing more to advance our knowledge of cerebral functions than physiological experiment. At any rate this would seem to be true of the doctrine

of cerebral localization, for whereas physiologists agree to differ upon the interpretation of their experimental results in this matter, the clinical and pathological evidence in support of the doctrine is rapidly accumulating. Dr. Sharkey's recent paper read before the Royal Medical and Chirurgical Society is an instance of this, for, although clinical details were wanting, the lesions found in the brain and so accurately sketched by him harmonized very well with the doctrines of Ferrier. In the current number of the *Revue de Médecine* MM. Charcot and Pitres commenced a series of articles upon the subject supplementary to a like contribution to the same periodical made by them four years ago, when they collected and sifted all the recorded cases of cortical lesions bearing on the question of the localization of motor function. They point out that since that time many observers have become convinced of the truth of the doctrine which has been upheld particularly in the writings of Ferrier, Boyer, Nothnagel, Exner, and Wernicke; but they confess that there is not yet general conviction. Some of the opponents of theory base their objections on abstract philosophical notions, or on doctrinal subtleties which MM. Charcot and Pitres decline to discuss. Others rely too exclusively upon the results of experimentation in the lower animals—results often contradictory, and always more or less complicated. The writers, whilst recognizing the value of physiological experiment, deprecate the propriety of basing upon it too rigid deductions of human cerebral function. In the hope of convincing the still large number, who only half accept the truth of the doctrine, they have collected upwards of 200 cases of cortical lesions recorded in the last four years, not omitting those cases which seem to tell against the theory. The first section of their work is published in the current number of the *Revue*; it deals with cases of destructive lesion of the cortex

situated outside of the motor area, and unaccompanied by motor disorder. Thirteen cases of lesion of the prefrontal region are given, in which it is also proved that the root of the frontal gyri may be diseased without causing motor paralysis. Then follow three cases of lesion of the occipital lobe, fourteen of the temporosphenoidal and three of the parietal lobes. They do not think that facts justify the opinion held by some that the inferior parietal lobule is concerned with the movements of the eyes. Only one case of lesion of the insula is given; but as in no case has it happened to be the only part involved, it is not possible to infer much from it. Then follow ten cases of multiple cortical lesions, seated in the "monomotor" areas, making a total of forty-four cases, which go to prove, as the writers think, that there exists a large portion of the surface of the brain the destruction of which is not followed by any permanent disorder of voluntary motion—the convolutions which, in man at least, subserve motor functions being the frontal, the ascending parietal, and the paracentral lobule. Unless these regions be involved by a cortex lesion, directly or indirectly by compression or irritation, motor disturbances do not arise. Moreover, they believe that these motor areas are symmetrical in their distribution in the two hemispheres.

ELECTRICITY AS A CARDIAC STIMULANT.—Professor von Ziemssen lately had a patient, a woman, aged 46, who had lost the greater part of the precordial structures, exposing the heart; and he commenced a series of experiments to determine the effects of the galvanic and faradic currents respectively on that organ. He distinctly discovered that the induced current had no effect whatever, whilst the constant or direct current acted as a powerful stimulant. It is therefore useless in cases of chloroform syncope, to waste time in applications of the faradic current as is commonly done.—*Can. Pract.*

ALBUMEN—PICRIC ACID TEST.—Picric acid is a very delicate test for albumen in urine. A saturated solution immediately coagulates any trace of albumen that may be present in the urine. It is a more delicate test than nitric acid. The powder may be carried in the pocket and some of it thrown into a specimen of the suspected urine while it is still warm, and if albumen be present a distinct cloudiness or a noticeable precipitation is formed at once.—*Med. Rev.*

ALBUMEN—FERROCYANIC PELLETS.—Ferrocyanic pellets made of ferrocyanide and citric acid, are recommended by Dr. F. W. Pavy as a clinical test for albumen. The advantages they possess are that they are very soluble, are always ready for use, simply requiring to be crushed, which can readily be done with a coin from one's own pocket, and requiring no heat. The test, he says, is so delicate that even when there is only a small amount of albumen present it is easily recognized. After crushing, the powder is put into a test-tube and the urine poured in to the height of about an inch, which will be all that is required. Phosphates do not interfere with the reaction, but if lithates are present, giving the urine a cloudy appearance, it must first be warmed. They can also be used after the manner of the nitric acid test, by first dissolving the pellet in a little water and then allowing the urine to trickle down the side of the tube until a quantity about half an inch in height has been introduced, when the albumen will be more clearly shown than with the nitric acid.—*Brit. Med. Jour.*

ALBUMEN—TRICHLORACETIC ACID TEST.—Trichloroacetic acid is regarded by Raabe as a more delicate and reliable test for albumen in urine than the nitric acid or even the metaphosphoric acid tests. If a small piece of the crystallized acid is dropped

ped into a test-tube containing urine which has been carefully filtered, it gradually dissolves at the bottom of the tube, and if albumen be present a turbid zone will be observed when the fluids mingle. No such appearance occurs when the urine is normal.

If urates are excessive in amount there will be a sort of turbidity through all the urine which, however, disappears at once on the application of heat. This is not true of the turbid ring caused by the reaction of trichloracetic acid on albumen in the urine. *Zeitchr f. Anal. Chem.*

ALBUMEN—ACIDULATED SALINE TEST.—Albumen in the urine may be detected by the following very delicate test, recommended by Dr. William Roberts: Mix a full ounce of dilute hydrochloric acid with a pint of water, saturate this with common salt and filter. Place some of the suspected urine in a test-tube, which should be held very much aslant and the acidulated brine allowed to trickle down the side so as to make a distinct layer below the urine. If albumen be present a white cloudy zone, is found at the junction of the two fluids.—*London Lancet.*

TRICHLORPHENOL IN ERYSIPELAS. The daily application of a solution of trichlorphenol (five to ten per cent.) by means of a brush to an erysipelatous surface has been accompanied by excellent results in the hands of Dr. Jurinsky. With the disappearance of the erysipelas the temperature declines; in several cases this occurred in forty-eight hours after the first application.—*Jeschenedelnaja Klinitschkaja Gazeta.*

CORRESPONDENCE.

Dr. Cameron and Calf Lymph.

DR. GEORGE W. WINTERBURN, Sir:—Dr. Cameron last night in the House of Commons again advocated

the use of bovine virus. In the face of the now admitted facts that the bovine race are particularly liable to suffer from tuberculous diseases, will Dr. Cameron show, like Dr. Corey, that he has equally the courage of his convictions by inoculating himself with lymph from a tuberculous calf, and publish the results to the world?

Dr. A. A. Hochling, of the United States Navy, in the current number of the *Therapeutic Gazette*, shows us what calf lymph is capable of. He says: "I have seen a multiple eruption from bovine vaccination on two occasions, on the last of which I was accused of having given the infant the small-pox. The first child was a sight to behold; the arm at the site of the insertion was inflamed in its whole length and the two points of insertion were as a deep as if cut out with a punch; there were three pustules on the face and chin, and the fever was very severe. Both children recovered, and are now proof against small-pox I believe."

He is at liberty to enjoy his belief; but, for my own part, I would much prefer that my children should run the infinitesimal risk of taking small-pox than accept such a terrible alternative.—Yours very truly,

WM. YOUNG.

114 Victoria-street, S. W.

LITERATURE.

In these days parasitic growths have become the bug bear of medicine. Whether sober second thought will confirm the theories at present so industriously promulgated cannot now be determined; but it is true that pathologists now find a pathogenic bacteria for every ail. The present trend of thought is toward assigning not only a bacterial origin to all infectious and contagious disorders, such as variola, diphtheria, scarlatina, and erysipelas, but extending the range of these to include phthisis, croup, catarrh, and pneumonia, find a special disease producing

micro-organism as the basis of each of the disorders named. But the limit is not placed here, however. Endocarditis, hæmophilia, yellow atrophy of the liver, typhoid, mycosis and œdema are all said to be due to these astoundingly pervasive little pests, who make up by their numbers and activity what they lack in size. Koch's *Bacillus tuberculosis* has created a great stir in the world. Neisser has cultivated his brother (*Bacillus lepræ*) found in all leprous nodules. Crudeli has investigated the habits of the *Bacillus malariae*, an aërobious organism, the confusion of so many good latter-day doctors, who gorge it with quinine. Kleb has extended the benefits of syphilis to the monkey by means of bacilli cultivated from microscopic rods found in chancres. Feltz has found micrococci in patients affected with measles. Huber calls attention to the œdema-bacilli. And so on to the end of the chapter. It is well to know what the great authorities in medicine are doing, albeit we may take their conclusions *cum grano*. This latest phase of thought is succinctly stated by Prof. Ziegler of Tübingen,* as well as the causes of tumors and inflammatory growths, disturbances of nutrition, and malformation, in a recently published work on pathology.

The second edition of the American Homœopathic Pharmacopœia† has been issued. Dr. O'Connor has done his part well; and while the work is merely a drug-list issued by a pharmacy, and does not carry with it that authoritative weight which a true pharmacopœia would possess,

* *A Text-book of General Pathological Anatomy and Pathogenesis*. By Ernst Ziegler. Translated by Donald Macalister, M. A., M. B. Illustrated. 8vo., pp. 371. (New York: William Wood & Company.)

† *The American Homœopathic Pharmacopœia*. Second edition. Thoroughly revised and augmented. By Joseph T. O'Connor, M. D. 8vo., pp. 511. (Philadelphia: Boericke and Tafel.)

yet it is a valuable addition to a doctor's library, especially when one seeks to prepare their own remedies. Typographically the work is above criticism, and reflects great credit on the enterprising house whose imprint it bears.

The Charity Organization Society have prepared a guide* for the use of those engaged in efforts to benefit and elevate the poor. This book contains in a compact way much information of great value to all who are brought in contact with the poor. One chapter contains a digest of the sanitary, landlord and tenant, and other laws affecting poor persons. Miss Corson contributes a chapter on domestic economy, and suggestions as to means of benefiting all who are in need, are well-chosen and timely. The objects of the book are admirably worked out, and it will be found useful to all who are by their labors or inclinations brought into association with the poor.

The importance of purity of the water used for drinking and domestic purposes has led Dr. Austin to write a little hand-book for water-users.† In this he gives such simple rules for determining the potableness of any sample of water as will enable any one to decide as to its wholesomeness for drinking purposes.

In the appendix are the formulæ for making the various chemical solutions required in these analyses, thus making the book a ready guide for all the purposes indicated.

Dr. Alcott's work on the use of tobacco, published many years ago, is now reissued, with notes and additions by Nelson Sizer.‡ It shows

* *Handbook for Friendly Visitors Among the Poor*. Compiled and arranged by the Charity Organization Society of the City of New York. 16mo, pp. 88. (New York: G. Putnam's Sons.)

* *Water Analysis*. A handbook for water drinkers. By G. L. Austin, M.D. 16mo, pp. 48. (Boston: Lee and Shepard.

† *Tobacco*. Its Effects on the Human

the effects of tobacco on the digestive organs, voice, and the special senses, how it produces various diseases, and its effects on the intellect and morals. It presents a simple and feasible way of overcoming the tobacco-habit, and we know of no better use that can be made of 25 cents than to send it to the publishers of this little book.

The Standard Library issued by Funk and Wagnalls is a marvel of excellence and cheapness. The recent numbers are *Nature Studies*,¹ by Proctor; *India*,² by Müller, and *Scottish Characteristics*,³ by Hood. These books are issued fortnightly at five dollars a year.

NOTES AND ITEMS.

Prof. E. C. Franklin, M. D., is now located at 2628 Olive street, St. Louis.

The initial number (July) of the *Kansas Medical Journal* consists of 48 pages and presents an attractive appearance. It is edited and published by J. Milton Welch, M. D., at Topeka. Subscription price \$2.00 a year.

The Polyclinic is a new monthly journal published by Blakiston, of Philadelphia; replacing the *Medical Register*. The subscription price is one dollar per annum. The Faculty of the Philadelphia Polyclinic and College for graduates in Medicine furnish the editorial staff.

The Marshalltown (Iowa) *Medical Review* is a new quarterly publication devoted to *Materia Medica* and *Therapeutics*. It is edited by M. Sanders, M. D., and published by A. S. Burnell, at one dollar a year.

The tax upon proprietary medicines ceased July 1st. Most of what did go into the hands of the Government will now enrich the owners of patent cure-alls. We trust that they will be able to pay their religious weekly supporters with increased liberality.—*Medical Times*.

System. By Dr. William A. Alcott. With Notes and Additions by Nelson Sizer. 16mo. pp. 150. (New York: Fowler and Wells).

¹*Nature Studies*. By Richard A. Proctor. 12mo., pp. 252. (New York: Funk and Wagnalls).

²*India: What can it Teach Us?* By F. Max Müller, K. M. 12mo., pp. 282. (New York: Funk and Wagnalls).

Scottish Characteristics. By Paxton Hood. 12mo., pp. 247. (New York: Funk and Wagnalls).

Why is a rooster on a neighbor's fence like a young doctor's office? No business there!

The young doctors who have been let loose from the schools on a confiding and physic loving public are likely to try many experiments very interesting to all except, perhaps, the subjects of them. They remind one of the illiterate fellow who, on being told that a certain patient was convalescent, said, "Why, that is nothing. I can cure convalescence in three hours."

Dr. Frederick L. Fischer, who in January last vaccinated the three-year-old child of Adam Haverstick, has been sued by the latter in the Supreme Court for \$10,000 damages. Haverstick alleges that the child was permanently disabled by unskillfulness in the operation and the use of impure virus. Soon after the operation, he says, the child became paralyzed in both arms. Judge Barrett yesterday reserved his decision upon a motion made on behalf of Dr. Fischer that the child be examined before the trial by two regular physicians to be named by him.

THE MEDICAL SCIENCE CLUB.—A new Homœopathic Medical Society has been organized in Chicago. Its object is to encourage study and research in special departments of medicine. The number of active members is limited to fifteen, but the Club has many associate members who are non residents of Chicago. All active members are resident practitioners of Chicago, and each reads a certain definite number of papers, on some specialty, during the year. The list of active members up to date is as follows: Drs. Newman, Knoll, Fuller, Bassett, Ehinger, Churchill, Beebe, Schneider, Day, Mitchell. Meetings are held at the Grand Pacific Hotel, and the Club proposes to do vigorous work in medical science during the coming winter.

THE COMMENCEMENT SEASON.—UNIVERSITY OF MICHIGAN—HOMŒOPATHIC DEPARTMENT.—Commencement season at Ann Arbor always comes at the most beautiful season of the year. When the June roses are at their height the expectant students blossom into professional life, in the presence of four thousand friends and visitors. Beside the graduating classes of the old school, the literary and scientific departments of the university, the following in the Homœopathic Department received the degree of M. D.:

Elemer J. Bissell, New York; Chas. H. Blackburn, Louisiana; Emma E. Bower, Michigan; Wm. D. Cooper, Michigan; Theodore L. Hazard, New York; Susan M. Hicks, Indiana; Jacob O. Hoffman, Penn.; Julian B. Hubbell, New York; Myron L. Huntington, Wisconsin; Harry C. Kasselmann, Michigan; Anna L. Lamb, Iowa; Harry McC. Lufkin, M. D., Illinois; Jas. T. Martin, Washington Ter.; Jay S. Meade, Michigan; Wm. B. Page, Missouri; Morton C. Reeves, Indiana; Currie G. Waters, Penn.

THE AMERICAN HOMŒOPATH.

NEW YORK, OCTOBER, 1883.

HOMŒOPATHIC MEDICAL SOCIETY OF THE STATE OF NEW YORK.

THE THIRTY-SECOND SEMI-ANNUAL
MEETING.

Ithaca presented a peculiarly bright and genial aspect on the morning of the eleventh of September, as if to welcome the New York Homœopathists to their semi-annual reunion. Whatever a bright and cheerful day could do to make the meeting a success was done; and so, the elements being propitious, the members turned out in goodly numbers, nearly fifty being present when the President's gavel fell at 10.20 A. M. Later trains brought in large additions to this number, so that fully eighty were in attendance in all.

The session was opened by prayer by Rev. C. M. Tyler, of the Congregational Church. The President, Dr. Everitt Hasbrouck, of Brooklyn, addressed the society briefly on the objects for which they had convened, concluding as follows: We are here as believers in that comprehensive formula in medicine enunciated by Hahnemann—*Similia Similibus Curantur*, by our labors and conferences to bring out into stronger light and greater beauty that which has proved to be truth, and in like manner to remove, if existing, that which is dross. We are here to give utterance to those thoughts and words which in our judgment will tend to elevate the human race, and add to the efficiency of the medical profession. We do not come in a dictatorial spirit, but as humble seekers after truth, from whatever source and of whatever kind, subject to no ban except that it shall be believed that that which is presented is the best for us and for those to whom we go. This is my ideal of the intent and purposes of a medical society meeting, and I believe it to be your own, therefore, let us earnestly and thoughtfully enter upon

the work before us, exercising toward each other that spirit of charity in need of which we all stand. Let the papers presented receive close attention, and every instance draw forth discussion which shall come with promptness and fullness. It has seemed to me that much that should be gained by gatherings like this, is often lost by allowing papers to be presented and placed on file without a word of comment, be it approbation or criticism. Knowledge useful in our daily labors should not be considered as private property. To freely give and freely receive is an honorable method worthy of our efforts to perpetuate. Hoping that incentives here received will tend your steps toward the annual meeting of the society, your attention is requested to the order of exercises as placed before you by the Secretary.

The entire morning session was occupied by the bureau of *Materia Medica*, of which Laird of Utica, was chairman. Five papers were read, calling out an animated and sparkling discussion. Prof. Farrington, of Philadelphia, presented a paper, read by Moffat, of Brooklyn, on "One Form of Characteristics." He said the selection of the proper remedy is the most difficult task the homœopathist has to perform, but that it can always be found if from the totality of the symptoms of any given case we select those which are prominent, uncommon, and peculiar or characteristic. (Org. § 153.) But there is the rub; how is one to determine which symptoms are characteristic? Just here lies the common cause of failure in practice. Only keen though accurate observation, patient investigation and all that science in its various phases can supply, will bring success. Man is a microcosm, and to comprehend him, one must comprehend the macrocosm, which he resembles in miniature. A physician must be a sciolist.

The only reasonable way to select the proper remedy is to recognize the

sequence of symptoms, and find those which are central in producing the totality; and not only this, but to find that remedy whose symptoms occur in a similar sequence. A very serious evil results from the admission of cured symptoms into the materia medica, simply because they disappeared while that remedy was being given. To study provings to the best advantage, the order of their development must be preserved. The methods of Hering and Dunham combined afford the most satisfactory results. The former affords a complete analysis; the latter the most perfect synthesis.

Colchicum is not an important remedy in convulsions; but animals poisoned with it suffer sometimes from spasms of the trunk, caused by the irritation of a gastro-enteritis. Accordingly when in teething children with rolling of the head, there are characteristic abdominal symptoms, *Colchicum* cures speedily. (Dunham.)

Digitalis exerts a peculiar influence upon the heart, and very many of its symptoms are traceable to the cardiac action as their remote cause. Consequently when there are present, weak small pulse, quickened by the slightest motion of the body, faintness and nausea, *digitalis* has cured: dropsy, hydrocephalus, jaundice, spermatorrhœa, senile pneumonia, and many other ailments of most diverse pathology.

Lycopodium possesses there proptly of inducing functional inertia. This is shown in the time of aggravation, 4 to 8 P. M., a time which observation proves to be one of relaxation of animal tissues. It is also apparent in such symptoms as the following: Cannot read, for words seem confused; cannot find the right word, but if the subject is very important, that is, if it arouses the vital forces, he can think well enough. Arms feel weak, heavy, yet if he exerts his will he can move them quite readily. Agreeably to this characteristic, *Lycopodium* has been a priceless

boon in typhoid with impending cerebral paralysis, in scarlatina, diphtheria and many other diseases, when the onset of drowsiness marks incipient blood-poisoning; and in advanced stages of illness when the eyes are half open and look like those of a dead fish.

Causticum's most satisfactory effects are in cases characterized by the paralytic weakness of all potash preparations. There is a paresis of function; hence nutrition is impaired. It is needed in ill-nourished children, who are languid, slow in learning to walk and talk. The aphonia is out of all proportion to the amount of catarrh. The flow of urine is copious, picturing incipient diabetes. Labor pains are inefficient, although the os is dilated. Vertigo is caused by the feebleness of cranial circulation. The menstrual flow persists on account of uterine atony. It is excellent in le petit mal.

Berberis vulgaris damages nutrition and acts upon the liver, kidneys and bladder. It acts most efficiently in cases caused or complicated with renal disorders.

Kali hyd. has a marked tendency to effusions into cellular tissues and to interstitial distension. It is useful in cerebral symptoms secondary to pneumonia.

Kali brom. has a legitimate application to alarming cases of collapse in cholera infantum and hydrocephaloid.

Dr. Moffat, after reading the paper, referred to it in some general remarks as being a paper of great importance, as it taught self reliance in prescribing. Dr. Wright, of Buffalo, also spoke of the value of the paper, in advocating the use of the key-notes or characteristics for selecting remedies, thus getting rid of a large part of the lumber of the materia medica in prescribing.

Dr. George W. Winterburn, of New York, was then called upon to read a paper entitled "The Lilies." This paper treated of the use of different genera of the lilies in diseases.

The common *meadow lily* was said to be valuable in neuralgia of the uterus and allied states, somewhat resembling *Asafoetida*, *Ignatia*, *Nux moschata*, and *Hyoscyamus*; in ascites; and in inflammation of the middle ear.

The *tiger-spotted lily* was highly praised in ovarian irritation and congestion and hypertrophy, and it is said to even dissolve incipient tumors. In uterine displacements it is capable of doing better service than any form of mechanical support. Without any appliance, leaving the uterus just as it is, *Lilium*, when properly and persistently used, will gradually lift it back into place, and so strengthen all the parts that it will stay there. It was also shown to alleviate the congestive headaches of young girls at the age of puberty, and headaches associated with hysteria, chorea, and other nervous conditions, and when occasioned by self-abuse. It will cure nymphomania in one sex and satyriasis in the other when the condition is a purely local one, depending upon irritation, and not upon erotic desires. Its value in functional cardiac disorders was also discussed. The *lily of the valley* was shown to be an ancient remedy recently made fashionable, and now much talked about in the medical journals. Its main value is in cardiac neuroses, with or without organic changes. The *white pond lily* cured a case of intense eroticism after confinement. It seems to have also a specific relation to growths in the uterus. The *yellow water lily* acts upon the biliary apparatus somewhat like *Podophyllum*, upon the kidneys analogous to *Lycopodium*, and upon the male generative organs like *Pulsatilla* minus the priapism. It is useful in painless, morning diarrhoea, associated with sexual debility. The *Uphar* stool is liquid, generally yellowish, and not particularly offensive.

The report of cures with these remedies in the 12th, 15th, and 30th potencies excited the ire of Dr. Paine, of Albany, who berated the writer in

tones more vigorous than polite. Dr. Paine has never taken any pains to conceal his views on the potency question. Dr. Terry, of Utica, was inclined to believe that much of the success in these cases arose from careful attention of the details of hygiene. He was skeptical as to the effects of the thirtieth potency upon the uterus.

Dr. Gorham expressed his appreciation of the paper, but said he was not able to secure all of the therapeutic results spoken of. He spoke of his success in the use of *Lilium tig.* in ovarian diseases.

Dr. Groom asked what stage of growth the lily should be gathered for use.

Dr. Winterburn—As it is coming into bloom.

Dr. Beldin spoke of the use of the preparations of *Lilium*, and highly commended the paper that had been read.

Dr. H. M. Paine took some exceptions to the position taken by Prof. Farrington in his paper. He thought the homœopathic system a rule of practice rather than a universal law of cure. He asked Dr. Winterburn if the ovarian tumors were fibroid or cystic.

Dr. Winterburn said that the tumors were incipient rather than fully developed. He thought these tumors were only controlled in their incipency.

Dr. Paine said he could see how these tumors might be controlled in their incipency, but knew of only one remedy for the tumors after development, iodide of lime, which he knew had controlled the fibroid variety.

Dr. Paine also spoke of *Lilium* in mal-position of the uterus, and asked Dr. Winterburn several questions in regard to cases reported, which Dr. Winterburn answered by remarks and reading from his paper the details of the cases therein reported.

Dr. Brown, of Binghamton, also spoke of the use of *Lilium* in uterine diseases, and the necessity of dis-

criminating between hygienic measures and the effects of *Lilium*. He endorsed Dr. Winterburn's views as to the action of these remedies.

The discussion was continued at some length by Drs. Terry, Millspaugh and others, until the president closed it by saying that the session was too limited to give further time to the consideration of Dr. Winterburn's paper.

Dr. Millspaugh, of Binghamton, presented a proving of *Oxalis stricta*. Forty minim doses of the tincture caused subjective and objective coldness of the abdomen and thighs as if covered with a cold wet cloth. When the eyes were shut, suffered from a mental illusion that the abdomen and head resembled gigantic fungi. This sensation disappeared on opening the eyes. Next day there was pain in the abdomen resembling the *Colocynthis* colic, with sense of repletion when the appetite had been but half satisfied. There was restlessness and sleeplessness at night. The stools were liquid, spurning, and followed by intense burning in the anus. For days he was weak and despondent, with violent palpitation of the heart upon any sudden movement. The doctor promised to continue the experiment, with dilutions of the tincture, and report at a subsequent meeting.

Dr. Moffat read a paper by Prof. Charles Mohr, of Philadelphia, on the Dermal Symptoms of *Arnica*. *Arnica* has been rarely used in erysipelas, because its erysipelas-producing power has been ascribed to an insect which infests the flowers. It has, however, recently been shown that the tincture of the root possesses the power to irritate and inflame the skin even to a much greater degree than a tincture made from the blooms. Proving should be instituted, 1, of the flowers, 2, of the whole plant (free from larvæ or debris), 3, of the root, 4, of the *musca arnica*, to determine their respective and relative ability to cause erysipelatos inflammation.

Dr. Laird, of Utica, was complimented by vote of the society for his excellent paper on *Guaiaicum*. It is impossible to give in a brief *resumé* an adequate idea of Dr. Laird's treatment of this topic. *Guaiaicum* acts chiefly on fibrous and fibrous tissues; this action also explaining its power over fibrous portion of mucous membranes and skin. It also acts on the lymphatics,—hence its acknowledged power over syphilis. It primarily stimulates the vascular system up to the point of sub-acute congestion.

The frequency with which stitches are associated with the characteristic pains (pressive, drawing, tearing) distinguishes *Guaiaicum* from all other remedies acting upon fibrous tissues. The scalp pains ending in a stitch, and the unconquancy of relief from motion, placing the remedy in the gap between *Bryonia* and *Rhus*.

The unbearable stench of all excretions is characteristic.

Frequent awaking from sleep as though the patient were falling, (*Phos. acid.*), (verified). In affections of fibrous tissues, it compares with *Bryonia*, *Rhus*, *Rhododendron*, *Kali hyd.*, *Mercurius*, *Mezereum*, *Phytolacca*.

It is of practical application in rheumatic, gouty, and syphilitic headaches.

In acute tonsillitis it is a grand remedy; rheumatic stitches to clavicle (verified). Rheumatic and gouty sore throat.

Special stress was laid upon its power over sub-acute and chronic ovaritis, and in ovarian and rheumatic dysmenorrhœa. The writer claimed for the drug a specific action upon the ovaries in rheumatic cases.

Syphilis, especially secondary and particularly where engrafted upon a rheumatic diathesis is easily controlled by it.

In sub-acute and chronic rheumatism it is of untold value, being especially useful in anomalous cases.

Letters of regret were read from Dowling, of New York, French, of

Ballston Spa, Grant, of Bath, and the Society then adjourned to the dining room with alacrity and unanimity.

AFTERNOON.

Immediately after dinner the members and their friends took carriages, and, after spending an half-hour very agreeably, examining the beauties, both of internal structure and external prospect, of the Fiske mansion, went to Cornell University, where the afternoon session of the Society was held. Prof. Burt G. Wilder demonstrated the value and adaptability of the domestic cat to serve as a basis in anatomical and physiological teaching, and was followed by Prof. Simon H. Gage, who spoke of the facilities offered by the University for securing a preliminary medical education, and also gave some very fine microscopical illustrations. At the close of the session the Society extended a vote of thanks to the professors. Afterward some of the members were inclined to growl a little because they had not learned anything; but had they read the programme attentively they would have seen that neither of these gentlemen had proposed to teach the members of the Society, but merely to show the manner in which these subjects were brought before the regular classes in the college.

On returning from the University many of the members passed through the gorge, and were amazed to find, that after risking their lives by walking along the edge of a precipice for three or four miles, they were required to pay twenty-five cents for the privilege. Doc. Sloan, of Binghamton, was violently overcome, but he was furnished with a drink—of water, and tenderly cared for by his friends; in the evening he was as rotund and jovial as ever.

EVENING.

The society reassembled at the Ithaca Hotel, for their evening session at half-past seven. Dr. Hasbrouck, on taking the chair, congrat-

ulated the society on the enjoyment of the afternoon, and expressed the opinion that they came together refreshed for the session, and called for the report of the bureau of Clinical Medicine, which had been laid over from the morning session.

Dr. Gorham, of Albany, chairman, reported several papers and read the first entitled "Chronic Hypertrophy of the Tonsils," by Quezada, of Brooklyn, also, "Purpura Hæmorrhagica," by Decker, of Kingston. Dr. Quezada expressed the opinion that chronic hypertrophy of the tonsils was but the expression of a dyscrasia, and that neither excision nor local treatment offered any hopeful means of cure. He recommended Sulphur, Iodine, Kali carb., and other constitutional remedies, to be selected according to the symptoms of the case. Dr. Decker's case was caused by an overdose of Sanguinaria. It presented many of the peculiar features of ordinary purpura, and he suggested that possibly we had in Sanguinaria the true remedy for this condition. Beside the mottled spots on the skin following the general character of a bruise, there was intense nausea, emesis, intermitting fever with afternoon pyrexia, pain in the legs, great fretfulness and anasarca. All the symptoms were worse toward night-fall. Arsenic^e was given with benefit, after Lachesis had failed.

Dr. Hand, of Binghamton, reported two cases of parasitic disease, one in the bladder, resembling tænia soleum, but only about a line in length; the other a multitude of minute cysts in the intestines.

Dr. McKinney, of Brooklyn, reported a case of carbolic acid poisoning in a pregnant patient, where jaundice, constipation, persistent emesis, and distressing cough were the prominent symptoms. The patient afterwards died from post-partum exhaustion. Dr. Gorham spoke of the value of Hypericum in nervous injuries, and related four cases in which the remedy had been given successfully.

Dr. Terry, of Utica, presented four papers as the report of the Bureau of Surgery. The first of these was by McPherson, of Lyons, reporting a surgical case resulting from a railway accident. When gangrene threatens, the doctor believes in vigorous stimulation (alcoholic). Dr. Ostrom, of New York, recommended the use of white fuller's earth as a dressing in diseases of the joints. Dr. Terry spoke of the great value of hot water dressing and the rubber bandage in sprains, injuries, and chronic inflammations of joints. Dr. Van Cleef, of Ithaca, read a paper entitled, A case of entero-epiplocele with the formation and closure of an artificial anus. All these papers were briefly discussed.

The report of the bureau of obstetrics was a very interesting one, and although the hour was late and the members weary with the long session, elicited many approving remarks.

In the absence of the chairman the report was presented by his son, Dr. J. L. Moffat. Dr. Dayfoot, of Rochester, read a paper entitled, "Ante-Partum Treatment." Dr. Greenleaf, of Owego, read a paper entitled "When to Use the Obstetrical Forceps." Dr. Wright, of Buffalo, read a paper reporting a case of "Triplets," and exhibited a photograph of the tiny strangers, ranged side by side. Dr. J. L. Moffat, read a paper entitled "A Case of Albuminuria," by R. C. Moffat, M. D., of Brooklyn. These papers were followed by discussion, after which the Society adjourned until morning.

SECOND DAY.

The practical work of the morning consisted of listening to and discussing ten papers.

The first report called for was from the Bureau of Gynæcology. No member of this bureau had prepared a paper, but Dr. A. J. Clark read a paper by a lady; entitled, "Proper Treatment of Uterine Disease."

The next was the report of the Bureau of Mental and Nervous Diseases. Dr. Brown, of Bingham-

ton, read a paper, "Over Drugged Insane." He said if there was anything Homœopathy ought to have credit for it is that it has done so much to suppress over-drugging. It is the misuse and excessive use of stimulants and narcotics which cause insanity, and their continued use makes patients incurable. These and the loss of sleep and impure air are the usual causes of insanity. The present efficient management of the Binghamton Asylum is due to the complete disuse of all artificial stimulants. This with high feeding, and the administration of one remedy at a time, in the minimum dose, enables this institution to cure many cases sent to it as incurable.

Dr. Wright, of Buffalo, reported a case of chronic inebriety, where the patient had been drinking for thirty years, often consuming a quart of brandy daily. Prof. Helmuth and others diagnosed rodent ulcer of the stomach, and stated that he could not live long. Under the advice of the doctor he broke off the habit entirely, and with a milk diet, and the use of *Avena sativa*, *Ignatia*, *Cannabis*, and *Kreosote*, is now a well man.

The bureau of pædology presented but one paper, by Clark of Binghamton, on cholera infantum. Depraved nutrition is the basis of this disease, and dentition increases the tendency towards its development. The nervous system being thus in a highly excited state, the immediate causes, such as heated, impure air, unwholesome food, or suddenly checked perspiration, precipitate the attack. In this first stage *Aconite* or *Belladonna* will abort nearly every case, but unfortunately the physician rarely sees the patient at this initiatory period. Often it is not until cerebral symptoms supervene that the doctor is sent for. Sometimes cases which seem to be convalescing nicely will suddenly retrograde, and alarming symptoms of hydrocephaloid appear. *Apis* or *Cantharis* will often save life at such junctures.

Dr. Moffat spoke of the marked

improvement evinced at the Sea Side Sanitarium, Coney Island, by patients after using warm salt baths.

The bureau of ophthalmology reported papers by Norton, of New York; Fowler, of Rochester; A. B. Norton, Boyd and Deady, of New York. Dr. Geo. S. Norton spoke on Gonorrhœal Ophthalmia. He advised the use of the ice-bag. Arg. nit., Rhus, Hepar, and Calc. phos. were the remedies used.

Dr. Parker, of Ithaca, spoke of the advantage of opening by needle the anterior chamber in chemosis. Dr. Paine, of Albany, advised the use of hot water rather than cold in controlling inflammations. Dr. Norton replied that he had found the greatest benefit from ice, but that it must be used constantly day and night. Had used it continuously for a week. Used it in hundreds of cases, not more than a half dozen with bad results. Dr. Deady believed cold vastly better than heat, after ten years' experience with both. Could save sight with ice applications which were before considered hopeless.

Dr. W. P. Fowler finds the care of the eyes of lying-in females greatly neglected. Confinement always leaves the eyes weak for a time, and unless used with great care they become permanently impaired.

Dr. A. B. Norton reported a case of neuro-retinitis of both eyes cured by Duboisia³⁰; a case of emphysema of eyelid from rupture of lachrymal sac, cured with Arnica³ and Arnica lotion; and a case of mixed astigmatism cured with Atropin.

Dr. C. C. Boyle's paper was entitled—Phlyctenular and Pustular Keratitis.

Dr. Chas. E. Deady interested the society very much with the report of two cases of vascular growth. One was on the upper eyelid, which it caused to droop, extending to the forehead and temple. It was purplish in color and slightly raised. Carbo veg.⁶ cured. The other case was a young lady of twenty-three. The growth was of the size of a small

plum, on the cheek near the eye, blueish in color and elevated. Carbo veg.³ had no effect. Phosphorus³ cured.

Drs. Wright, Carr, and others discussed the papers.

Dr. Covert, of Geneva, presented a very valuable and instructive case of mastoid disease. Dr. Carr thought the erysipelas which supervened might have been caused by the Merc. prot. which had been given in large doses.

A letter was read by Dr. Sayre Hasbrouck, of St. Clark's Ophthalmic Hospital, Dublin.

Dr. Parker, of Ithaca, presented a paper on compound dislocation of the shoulder.

Dr. Wallace McGeorge of Woodbury, N. J., was placed in nomination for honorary membership.

The following gentlemen were placed in nomination for membership: George S. Norton, New York; W. H. Proctor, Binghamton; O. W. Peterson, Waterloo; Thos. D. Spencer, Rochester; Geo. W. Winterburn, New York; Orrin W. Smith, Union Springs; Daniel Simmons, Jr., Brooklyn; George F. Hand, Binghamton; R. B. Sullivan, Baldwinville; Merritt T. Dutcher, Owego; Wm. C. Latimer, Brooklyn; Moses M. Foy, Auburn; J. Mallory Lee, Rochester; Sarah Eddy Thorne, Catlin; C. W. Cornell, New York; J. T. Greenleaf, Owego; Irving P. Truman, Belmont.

These names will be presented for election at the annual meeting at Albany in February, 1884.

The society then adjourned.

According to Dr. Tuke, the English hygienist, idleness and ignorance are more prolific causes of diseases among women than overwork. They are the main causes of hysteria, and of many other evils, including inanity and insanity. The break down from overstrain does occasionally take place, and the first important symptom is sleeplessness; when that sets in there is cause for alarm.

SURGICAL MEMORANDA.

BY

E. M. HOWARD, M.D.,

Camden, N. J.

Report of the Bureau of Surgery of the New Jersey State Society, 1883.

In the absence of any cases of special interest, I desire to call attention to some of the current topics of discussion in surgical matters, which I have gathered from the journals of the past few months. I will only mention such as are of interest to the general practitioner, and such as I deem to be worthy of careful consideration.

SUBSTITUTE FOR TRANSFUSION.

Most prominently I notice first the recent substitute for transfusion, or modification of it, which has been used of late with great apparent success, and has the endorsement of eminent surgeons. I refer to the use of saline solutions for intravenous injection. I think we have in this one of the real steps of advance in our science.

Transfusion has undoubtedly saved many lives, and might have been successfully used much more frequently, were it not for its formidable obstacles, which deter many surgeons from its performance and place it entirely beyond the reach of the ordinary practitioner.

The knowledge that saline solutions will answer every purpose places this operation at once within the means and skill of every physician. Various solutions have been devised and used, but the best as well as the simplest, is as follows: A six per cent. solution of chloride of sodium (common salt), is made with boiled water; a few drops of liquor potassa is added, just sufficient to render the solution alkaline. This carefully filtered is ready for injection which of course should be done at a temperature of about 100°. The apparatus required is also very simple. Some rubber tubing, a glass funnel and a piece of glass tubing, are all that is required beyond what

is supplied by the ordinary pocket case of instruments. From one to two pints may be safely injected if done slowly, but the quantity must be varied to suit each case. I find some recommend the addition of a drachm of liquor ammonia to the above quantity for its stimulating effect. In this connection it is well for us to remember that distilled water alone has been used in cases suffering from rapid hæmorrhage with the most strikingly good results.

Speaking of saline solutions reminds me that I have seen it stated upon good authority, that a little salt is a very beneficial addition to any solution intended for the eye. Experiments with distilled water show that it alone is a very decided irritant to the conjunctiva. A few grains of salt renders it non-irritative, and would therefore probably prove a beneficial addition to any solution intended for the eye.

STRANGULATED HERNIA.

There are no cases which test the skill and nerve of the ordinary practitioner like those of strangulated hernia, and hence we welcome any suggestion which will aid us in their treatment. The cutting operation is so dreaded by both the physician and patient that it is often delayed until it is too late or not resorted to at all. I have seen recently the following recommendations, which are certainly worth trying in these dangerous cases. Dr. J. S. Wright of New York, has suggested some modifications of the ordinary methods of taxis. His directions are essentially as follows: Grasp the tumor with one hand and the constriction with the other then make *gentle tractions* on the tumor. The effect, he says, will be to loosen the constrictions, and at the same time, force some of the fluid contents back into the abdomen. In this manner sometimes rapidly, and sometimes little by little, the tumor will be entirely reduced. This plan might succeed if the patient were etherized when it failed otherwise.

I have seen the record of several cases which have been treated successfully by the local application of *ether*. It is claimed that the ether has a threefold effect. It relaxes the constrictions, diminishes the size of the tumor (effect of cold), and excites peristaltic constrictions of the intestine, all of which are favoring conditions. Of course the patient must be placed in the proper position to aid in reduction. Oil is mixed with the ether to prevent cutaneous irritation. It will probably also enhance the effect of the ether by preventing too rapid evaporation, and thus keeping it longer in contact with the tumor.

Another physician gives us some favorable reports on electricity. Several cases have been recorded as cured by this means during the past summer. In these cases the positive electrode is placed over the tumor and the negative against the lumbar vertebræ. Electricity and taxis combined will undoubtedly help us out in some cases.

PARAPHIMOSIS.

A British physician in a late journal recommends a very simple plan for the reduction of this condition. He winds a string firmly around the penis from before backwards, which will so compress the tissues that further manipulation is easy.

STRICTURES OF THE URETHRA.

I have had such uniform success in the treatment of chronic discharge from the urethra, or gleet, that I have long doubted the accepted teaching of most surgeons, that gleet is caused by a stricture of the urethra and only curable by dilatation. Hence I am glad to learn that eminent French surgeons (allopathic) are now claiming that there is no connection whatever between the existence of stricture and gleet in the same person.

SANTONINE AS A VERMIFUGE.

Those of us who have been obliged to use some vermifuges to dislodge the troublesome *ascaris lumbricoides*, will be interested in the

statement of a German physician, that the addition of oil to Santonine will prevent its absorption, and therefore its general effect, while it will not in the least impair its usefulness. He advises a mixture of 3 grs. to two ounces of either castor, cod liver, olive or other oils.

I will close these notes with a reference to the manner of using the bicarbonate of soda in the treatment of burns. I think that physicians have made a mistake in its use by not adopting the best methods. As a rule too much has been used or it has been applied in its dry state. If a limb is burned it is best to plunge it into a solution of the soda and keep it there for half an hour or till the pain is entirely relieved. Where this is not practicable, wet a soft cloth or lint or blotting paper with the solution and apply over the burn, keeping the dressing thoroughly saturated but never removing it till suppuration has commenced. So applied there is no more efficient dressing.

RECENT GYNÆCOLOGICAL RESEARCH.

BY

J. G. BRINKMAN, M. D.,

New York.

(Continued from page 248.)

Among some of the cases reported I have noted the following as presenting points of interest. P. A. Harris, M.D., *Am. Jour. Obst.*, October, 1882. To obviate cicatrization and recontraction in acquired atresia vaginae, he divided the structure laterally, then dissected from the line of incision the upper and lower portions of both the anterior and posterior walls for a short distance; these flaps were deflected, coapted, and united with silk sutures in such a way as to produce a large calibre at the expense of shortening the vagina some; by this means only a few small points of denuded surface were left to heal.

M. R. Barbour, M.D., reports three

cases of alarming uterine hemorrhage successfully treated by cotton dipped in glycerine and dusted with powdered persulphate of iron; the cotton is left in the cervix. He thinks the effect may be due in part to the intolerance of the uterus to foreign bodies, and thinks non-medicated tents alone would do the same.

Dr. T. A. Emmet (New York Obstetrical Society), showed a vesical calculus weighing $1\frac{1}{2}$ ounces removed under the following circumstances. Patient a chronic invalid for six years from pelvic cellulitis with the uterus retroverted and fixed. After two months treatment in the hospital, being unable to relieve the irritation of the bladder, symptoms which had been attributed to the pelvic trouble, he determined to make a vesico-vaginal fistula to avoid ultimate disease of the bladder. He thus detected the stone in front of the uterus pocketed in the posterior wall of the bladder. It had, he says, undoubtedly caused the flexion and cellulitis. Dr. Bache Emmet reported a similar case; after the removal of the stone the patient at once improved.

A simple operation for cystocele, which protruded between the labia, with chronic cystitis, followed by complete cure, is reported by James Ely, M.D., *Am. Journ. Obst.*, April, 1882. An ordinary elastic tube was passed into the cystocele, an elastic button kept it in place, a rubber bag was attached to the other end of the tube as a urinal. The bladder being kept free from urine, there was no degenerated urine or distension of the viscus or vaginal walls. Only the oxide of zinc ointment was used; complete cure resulted in four weeks. After the removal of the tube there was no fistula. The doctor hopes some one else will try it,

Dr. Thos. A. Emmet, presented before the Am. Gy. Soc., *Am. Journ. Obst.*, October, 1882, a new method of exploring the female urethra, intended for the general practitioner. Anæsthetics, Sims' po-

sition and speculum are used. The urethra is opened by an instrument which he has devised upon the principle of scissors for cutting the button-holes. A sound is used to put parts on the stretch. The opening must avoid both the neck of the bladder and the mouth of the urethra, that control of urine may be retained. The canal may be united without delay if desired, turning the edges out by means of a tenaculum, to include the mucous membrane in the sutures, patient kept in bed a week.

Dr. Goodall (Trans. Obst. Soc., Phila.), Ap. 5—gave the history of two cases of stone in the bladder, associated with fistulous openings with the bowels; as soon as the calculi were removed the fistulous tract closed. There was no doubt as to diagnosis, as fig seeds were *seen* to come from the bladder, also carmine-colored water, which had been injected into the intestines. One patient had a pelvic abscess that ruptured into the bladder. Three other cases were also reported of pelvic abscess rupturing into the bladder.

Am. Journ. Obst., May, records a unique case of sarcoma and multiple mucous polypi of the uterus in a child 3 years and 8 months old. The growths removed numbered several hundred. A rapidly increasing abdominal tumor reached the ensiform cartilage. Patient died with œdema, diminished urine, exhaustion; the uterus and appendages weighed 31 ounces.

Dr. James Braithwaite calls attention to two cases of non-capsulated fibroids resembling placenta. After delivery the patient flooded, the attending physician knew the placenta had come away, yet the consulting physician first took the mass to be placental. Six other cases were mentioned by members of the society, some of which had so much resembled pregnancy that the physicians had been engaged, men of standing in one case, the placental soufflé was distinctly heard. The flooding is apt to be taken in these cases for pla-

centa previa. The growth, as a whole, bears almost exact physical resemblance to a retained ovum. It is also worth noting, the Doctor says, that in both these cases the growth had its origin in the placental site but contained no placental tissue.

The *British Med. Jour.*, May 11, records a case of pregnancy and prolapsed uterus, between the third and fourth month, which could not be replaced. At term it reached to the hamstrings. The labor was short and easy, as the fœtus and placenta passed straight from the uterus.

I have noticed the report of four cases of hydrocele in the female during the year. All were observed during pregnancy or just after confinement.

(To be continued.)

PREPARATIONS OF PEPSIN.

BY

DR. ADOLPHE TSHEPPE,

New York.

(Concluded from page 246).

The different kinds of pepsin of commerce are prepared according to different principles, representing the different phases of experimental empirics, or of the scientific knowledge of this substance. So far it has been possible to prepare a perfectly pure pepsin, the preparations sold to-day as such being mixtures only of certain albuminoid bodies possessing digestive power, and they are looked upon therefore frequently as absolute pepsins, and sold as such by the manufacturer.

Reagents, by which it would be possible to separate the pepsin from the many other protein-substances and to procure in this manner a pure article, are not known; and on the other side, pepsin can neither be prepared by precipitating the other albuminoids accompanying it, because when these are precipitated it is carried along with them. But fluids have been obtained possessing a considerable digestive strength, and containing, therefore, pepsin, which pre-

mitted the deduction, that pepsin is *not* precipitated by the well-known means of precipitation for albuminoids, as boiling, tannic acid, acetate of lead, chloride of mercury, nitrate of silver, acetic acid, and ferrocyanide of potash, but by basic acetate of lead chloride of platinum and alcohol, and even the modes of preparation of the commercial pepsin are based upon the precipitation of albuminoid bodies, to which the real pepsin *quasi* mechanically adheres only.

The following are about the different methods by which pepsin, each time with different properties, is obtained; properties which in reality do not belong to the digestive ferment, which to-day is still hypothetical, but to the accompanying albuminoids forming the greater part of the preparation.

1. The gastric juice is obtained by the glandular tissue and the mucus being scraped off, and by extraction with water, percolation, and evaporation at a moderate temperature. All former pepsins were prepared after this primitive method. To this category belong also the pepsin-wines and elixirs prepared directly by digestion of the finely cut up stomach or its mucous membrane, and that pepsin which is procured by alcohol from the respective digestive fluids.

2. *French Method.* The extract obtained from the stomach is precipitated with acetate of lead, the precipitate washed, dissolved in water, exposed to sulphuretted hydrogen, the fluid obtained in this manner filtered, evaporated to the consistence of syrup, and amylum added. (French Codex, Boudault's Pepsin.) As according to the above the albuminoid bodies are precipitated, but not pepsin, only so much of the latter can be effective as has been carried along by the precipitation of the albuminoids. Besides, by this complicated process the effect of the original fluid seems to have been so decidedly diminished that only very little can be expected from the action of this pepsin. The French Codex is satis-

fied if the "Pepsine amy larée" digests twelve times its weight of albumen; Boudault considers it sufficient when his pepsin digests four times its weight of fibrin.

3. *Scheffer's Method.* The fact that the acidulated gastric juice is precipitated by a concentrated solution of chloride of sodium as a cream-like substance, seemed to prove that it were possible at least to obtain a pure pepsin. Not, however, the pepsin is precipitated in this manner, but the albuminoid bodies are; and the property alone of pepsin to be carried along with precipitates of any character contained in the pepsin-fluid causes the albumen-precipitate of Scheffer to contain pepsin. This albumen is in the condition of syntonin or acid albumen. The pepsin is prepared by pressing the precipitate, dissolving it over again, and repetition of the precipitation, when the mass expressed represents the so-called *Pepsinum purum* (Scheffer) or with the addition of sugar of milk, the *pepsinum saccharatum* of our own Pharmacopœia.

In this manner, and if carefully proceeded with, really excellent pepsin preparations may be obtained, the physical properties of which regarding odor and color, meet all just demands. The one drawback is, that by the addition of uncertain quantities of sugar of milk, no limits have been put to unlimited dilution, and the latter can to some extent only be controlled by continuous supervising tests of its power of dilution, *i. e.*, how far it may be diluted without losing its dissolving properties.

The method of precipitation by chloride of sodium or by picric acid permits also the casual estimate of the percentage of gastric juice contained in what is better called *saccharatum pepsinum* instead of *pepsinum saccharatum*. Some manufacturers of pepsin of high solving power indicate directly the quantity of sugar of milk with which their products may be diluted to still merit the name of pepsin, and this proves to the point

how much sugar of milk is sold under the label of pepsin.

4. The *latest-method* for the preparation of not only a very elegant pepsin, but of one possessing a power of digestion far surpassing that of all other preparations of gastric juice, is that of Carl L. Jensen, formerly in Dakota, now in Philadelphia. This pepsin, to which on account of its appearance the name "crystal" wrongly has been given, is easily soluble in water without the addition of an acid, is not precipitated by common salt, and has proven itself in every respect a peptone, but of very powerful pepsin effect; yes, it has proven itself the most powerful pepsin preparation obtainable in the market. I have found Jensen's Crystal Pepsin to be really one of 500 pct.; at least if its solubility is tested under the most favorable conditions of such tests, by which the power of a pepsin preparation for dissolving albumen is determined.

In distinction from those obtained by precipitation with common salt, Jensen's preparations of pepsin contain, besides the albumen-dissolving ferment, a milk-coagulating ferment, which gives to the solutions known by the name of "Labrennet"* their properties, and are not identical with pepsin, as they either for the most part or totally in the above process pass over into the salt-solution. As real peptones, as somewhere else has been wrongly contended, do not form here the substance, the carrier of the pepsin ferment, we may presume that they are prepared by maceration of the stomach and of its mucous membrane, in acidulated water at a temperature of 38 to 40° C., by which the albuminoids change into peptones, and can be separated easily, so that by drying on glass they finally are obtained in transparent grains or scales, the superlative properties of which have found their expression by the hyperbolic name given them by their discoverer.

* Calf-remnet. *Transl.*

Different parties have offered various preparations meriting all praise, and have in consequence of the moral obligation of the apothecary towards the physician been dispensed; but it must also be admitted that preparations far less valuable, the disagreeable odor of which indicates already their quality, have also been employed against the better conviction of the apothecary.

Their nature as peptones is proven, because they cannot be precipitated by acetate of lead (except sulphates are accidentally present), nor by alcohol in an acid solution, but by chloride of mercury, nitrate of silver, picric acid, and tannic acid. With caustic potash the well-known Biurete reaction sets in.

PHYSIOLOGICAL DEDUCTIONS.

For the purpose of testing the dissolving power of pepsins for albumen the most favorable conditions have been determined, and it has been found, that pepsin without acid does not possess any dissolving action for albumen at all; but the addition of acid, of 0.5 pct. to 0.6 pct. absolute muriatic acid for temperatures of 38° to 40° C., and a less addition, viz., of 0.2–0.3 of the same acid for higher temperatures, 40–50° C.—favor the strongest effect of the pepsin. Somewhat weaker is the action of phosphoric, nitric and sulphuric acid; with lactic acid and the other organic acids this effect diminishes much more. Metal salts and antiseptics, possessing no coagulating effect upon albumen, do not disturb this process of solution.

Temperatures higher than the normal temperatures of the human body, and a percentage of acid as it never can be met with in the human stomach, may be permitted as proper conditions for the artificial production of peptones or for the comparison of the effect of different kinds of pepsin; but for demonstrating the amount of power of dissolving of a pepsin for therapeutical purposes, the identical conditions are necessary, as they are found in reality in the human organ-

ism, and under these conditions the co-efficients of solution, as they usually are indicated for pepsin, are too high. For the practical demonstration also of meat peptones, the experimental results gained in this manner have been proven to be illusions, because the grain of the meat peptone represents always a small fraction only of the albuminoid substance employed. (I know a manufacturer of peptones, who, without the use of pepsin, manages to get more elegant preparations in larger quantity than they can be obtained by pepsin.)

Pepsin, as well as all other similar ferments, representing products of a continuous physiological function, possess anyhow one great fault, which never can be corrected. We have at our disposal, invariably, only that quantity of the pepsin-ferment which the stomach of a slaughtered animal at a certain time either has secreted or prepared in the cells. It is questionable, therefore, if the therapeutic employment of this ferment has any advantage at all when given to assist the process of digestion in a dyspeptic stomach, and it is doubtful how much in the cases mostly benefited by the use of the pepsin, has to be ascribed to the effect of the latter, and how much to the muriatic acid accompanying it.

According to the practical results of the amount of digestive fluid in individuals who, on account of a gastric fistula, were proper objects for these experiments, and whose cases have become almost historic, this quantity proved to be in the human organism 2 kilogrammes calculated for 24 hours. Notwithstanding the demands made of digestion by the stomach of the hog are totally different, the conditions of the pepsin-secretion are similar to that in men; and the quantity of pepsin which can be obtained at a definite time from a single stomach, even if decidedly larger considering the quantity of the stomach of the hog than that of men, should, on account of the loss, represent at most a *single dose*.

But experience teaches us, that from a good stomach the manufacturer in a favorable case obtains 4-5 ounces of this saccharated pepsin of a strength as formerly in vogue, viz. 1st.

This quantity, according to the method usually employed, was dispensed by being divided into 125 doses of ten grains each, or into 250 doses of five grains each. If make use of the simple mathematical problem with reference to the power of solution (of albumen) of the pepsin, we get the result that ten grains of pepsin according to the former statements could dissolve 20 grains of boiled albumen. For the digestion of two ounces of beefsteak there would be necessary, therefore, 80 grains of pepsin and for that of $\frac{1}{2}$ pound even 320 grains. To-day the strength of the preparations of pepsin in the market is for greater; but we must not forget that hand-in-hand with the methods of preparation, those of the tests also improved. Our pharmacopœia demands that one grain of pepsin should dissolve fifty grains of boiled albumen in the case above mentioned, viz., for the digestion of $\frac{1}{2}$ pound of beefsteak, even of this digestive preparation eighty grains would be necessary for its solution. It must be admitted, that for the pepsins of greatest effect (I myself have found Jensen's pepsin as probably one of 500 degrees) only the 500th part would be necessary for the same purpose; and one ounce of protein-substance, therefore, would demand one grain of this pepsin only; but as mentioned above, even in the best preparations the percentage of peptones gained from those really existing is a very limited one, and the general objection made above is not answered even by the manufacture of the very best pepsin preparations.

The logical deductions, therefore, from these observations would be, that the small doses of pepsins of small power of digestion have to be replaced by very much larger doses of those preparations of pepsin which

are recognized as the best, whenever any practical results are to be expected and looked for; that all those favorable conditions under which in experiments the solution of the albuminoids is the most perfect and rapid, must never be lost sight of when the remedy is employed for medical purposes, and that this effect ceases when pepsin is administered either synchronously or in combination with alkalies, a rule which notwithstanding so many warning cautions, is, up to this day, still disregarded by many.

TREATMENT OF STENOCARDIA.

BY

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Stenocardia, when caused by hyperæmia, causing a stagnation, characterizes itself by steadily increasing palpitations during the beginning and continuation of a walk in the fresh air. It is remarkable that such patients can walk the room for hours without perceiving any difficulty, but as soon as they come into the fresh air and begin to walk, an oppression seizes them in the centre of the sternum, increasing to dyspnœa by continuing to walk, with palpitations or a sensation of pulsation and vibration over the whole body, especially in carotids and temples; they turn livid in the face, ears and other parts of the body, and if motion is still continued, they run the danger of falling down in an apoplectic fit. Convinced that this stagnation emanates from the heart and that it steadily increases, the more the pulsations of the heart increase, in intensity, and that with the augmentation of pulsations the dyspnœa and oppression of the chest steadily progress, but that all these manifestations improve so soon as the patient rests from his movements and allows the turbulent heart to become quiet again, I made my first experiments with *Aurum muriaticum* 3. It acted like magic. After a few doses, the pulsations, the oppression, the

dyspnœa and all symptoms of stagnation were gone. I consider it as specific in this affection of the heart as *Spigelia* in endocarditis. Its chief action seems to be on the motory nerves of the cardiac muscles, giving new strength and vigor to the paralyzed heart, so that the blood wave can circulate again throughout the organism without suffering any stagnation. I also tried it in morbus Basedowii with satisfactory results.

In the *gastralgic* or *spasmodic* form of stenocardia, the patient feels a constant pressure in the stomach, and the simultaneously increasing dyspnœa sets in, during a walk in the fresh air or in the street. This præcordial pressure from outside inwardly, increases in intensity from continued walking, causes the sensation of a firmly seated ball in the pit of the stomach, continual empty eructations, great præcordial anguish, excessive lassitude, frequently with a pantic sensation in the left upper extremity, on the neck and throat, obstructing free motion in the affected parts. These manifestations hint to an affection of the plexus cardiacus, whence the disease is transmitted to plexus gastricus, plexus brachialis, or also to the plexus cervicalis; it may even increase to an asthmatic paroxysm of such severity that the patient feels perfectly discouraged. Whereas, in stenocardia from stagnation, the obstructed blood-circulation plays the chief part, we deal in the *gastralgic* form, with a peculiar alienation of nerve-action, beginning with the spasm and increasing to algia; whereas, we fear apoplexy in the former, death may set in from paralysis of the heart in the latter.

Agaricus 3x, is the sovereign remedy for the *gastralgic* form. After a few doses the asthma ceases and the patients often remain for a long time free from all suffering. A decrease of the sternal pressure, respiration now free, a diminution of the præcordial oppression and of the eructations are usually the first symptoms of the favorable action of the remedy. Af-

ter ten or fifteen days the patients are able to take long walks in streets or open air without stopping for rest, and after a while ascend mountains with ease. It is advisable not to use remedy for too long a time, as the organism becomes used to it, and we are in the habit to alternate it every eight to fourteen days with a similarly acting remedy like *Kali carb. 6*, which deserves to be recommended for that purpose.

The total action of these two remedies is as prompt as that of Aurum and Glonoin, and they may be relied on, even in advanced age, and after great loss of vital power. Sometimes *Carbo*, *Lactuca* or *Lycopod*, according as stagnation of gases prevails in intestines, or symptoms of pressure at the spinal column, or difficulty in micturition, etc.

The spinal form of stenocardia gives the following symptoms: The patient feels with the pressure at the sternum and the great dyspnœa, also an opposite pressure between the scapulæ; patient looks pale and collapsed, trembling from anguish; small, irregular or intermitting pulse, frequently covered with sweat and nearly fainting. Such a state is most frequently witnessed in persons who were formerly corpulent, but became reduced by premature or senile marasmus, grief, care, or excesses. They feel weak in muscles, pale and deficient in bodily heat. Feels better when quiet, every attempt of moving about renews the oppression. Physical examination mostly shows dilatation of right ventricle, weak impulse of the heart and irregular beat with clear sounds. Appetite and urinary secretions mostly decreased, and tendency to dropsical swellings. In all such cases there is not so much fatty degeneration as relaxation of the cardiac muscles, and we do not fear paralysis of the heart so much as in former forms, but we witness the gradual appearance of such symptoms, which belong to gradual paralysis of the activity of the heart and circulation, namely, most diverse

venous hyperæmia, cyanosis, hydrops, etc.

Sambucus 1, two doses daily, is a grand remedy for such a complex of symptoms, especially in connection with marasmus and excessive seminal losses. Even after a few doses the symptoms of pressure at sternum and spine diminish, and with them also the dyspnœa and the asthma. It may sometimes be necessary to alternate it with *Phosphor* 3, when pressure at sternum prevails or *Petroleum* 3, when spinal pressure is more severe. We change the remedy every eight to twelve days, and by such an alternation the amelioration steadily progresses. We have also witnessed beneficial action from *Kal. Carb.* 6, either alone or in alternation. Where the spinal stenocardiac manifestations are accompanied by premature or senile marasmus, *Chinin Sulph.* 1. two to three doses daily, can hardly be dispensed with.

THE THERAPEUTICAL DRINKING OF HOT WATER.

BY

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New York.

The therapeutical drinking of water, at a temperature of blood heat to 150° Fahr., having become popular enough to call for an allusion to it in the London *Lancet* as a "valuable American contribution to medicine," and since it seems to be used at random from the directions of its distinguished introducer, I have thought that the origin and proper use of hot water should become history.

The practice dates back to 1858, when Dr. James H. Salisbury, of this city, concluded a series of experiments on feeding animals, to ascertain the relation of food as a cause and cure of disease.*

* Besides swine, he experimented on men. These he took in companies of six healthy laborers and placed under military discipline, which he enforced himself. He also ate and drank as they did. The men were kept on

Among other things he found that the fermentation of food and the products of these fermentations were the chief primary factors in producing the diseases which arise from unhealthy alimentation. With the idea of removing these diseases by removing their causes, he employed hot water, in order to wash out the acetic, butyric, hydro-sulphuric, lactic and saccharic acid and sulphide of ammonium fermentation vegetations; yeasts; from the stomach and intestines.

At first he tried cold water on his men to remove these products of fermentation. But cold water caused distress, pain and colic. So he increased the temperature of the water. Lukewarm water made them sick at the stomach, and excited peristalsis upward. The temperature of the water was increased to 110° and up to 150° F. This was well borne, and afforded a feeling of agreeable relief which thousands since testify to. The hot water excites normal downward peristalsis of the alimentary canal, washes down the slime, yeast and bile through its normal channels—washes out the liver and kidneys, and the bile is eliminated through the bowels and not through the blood, via the kidneys.

It was some time before the proper times of administration and proper number of ounces of hot water, and the proper number of ounces to be drunk at meals could be settled, in order to obtain the best results. These directions may be found published in connection with the Salisbury plans for the treatment of consumption,

single articles of food, coffee and water. Among these articles were beans, beef, bread, chicken, crackers, fish, lobster, mutton, potatoes, oat-meal, rice, turkey. The blood, urine and feces of the animals were carefully examined microscopically and chemically, daily, without any preconceived idea to develop, but simply to ascertain facts and develop ideas from these facts.

In this manner he went through the whole range of foods to show the permanent value of each, when lived on exclusively and singly.

Bright's disease, diabetes, fibroids, sclerosis and colloid diseases.

At the risk of repetition, for the sake of a more thorough understanding of the subject, these details will be plainly and simply given.

1. *The water must be hot ; not cold or lukewarm.*—This is to excite downward peristalsis of the alimentary canal. Cold water depresses, as it uses animal heat to bring it up to the temperature of the economy, and there is a loss of nerve force in this proceeding.

Lukewarm water excites upward peristalsis or vomiting, as is well known. By hot water is meant a temperature of 110° to 150° F., such as is commonly liked in the use of tea and coffee. In cases of diarrhœa the hotter the better. In cases of hemorrhages the temperature should be at a blood heat. Ice-water is disallowed in all cases, sick or well.

2. *Quantity of hot water at a draught.*—Dr. Salisbury first began with one half pint of hot water, but he found it was not enough to wash out nor to bear another test founded on the physiological fact that the urine of a healthy babe suckling a healthy mother (the best standard of health)—stands at a specific gravity varying from 1015 to 1020. The urine of the patient should be made to conform to this standard, and the daily use of the urinometer tells whether the patient drinks enough or too much hot water. For example, if the specific gravity of the urine stands at 1030, more hot water should be drunk, unless there is a loss by sweating. On the other hand, should the specific gravity fall to 1010, less hot water should be drunk. The quantity of hot water varies usually from one half to one pint or one and a half pints at one time drinking.

The urine to be tested should be "the *urina sanguinis*" or that voided just after rising from bed in the morning before any meals or drinks are taken.

The quantity of urine voided in twenty-four hours should measure

from forty-eight to sixty-four ounces. The amount will, of course, vary somewhat with the temperature of the atmosphere, exercise, sweating, etc., but the hot water must be given so as to keep the specific gravity to the infant's standard, to wit, 1015 to 1020. The urinometer will detect at once whether the proper amount of hot water has been drunk, no matter whether the patient is present or absent. Another test is that of odor. The urine should be devoid of the rank "*urinus*" smell, so well known but indescribable.

The Salisbury plans aim for this in all cases, and when the patients are true and faithful the aim is realized.

3. *Times of taking hot water.*—One hour to two hours before each meal, and half an hour before retiring to bed.

At first Dr. Salisbury tried the time of one half hour before meals, but this was apt to be followed by vomiting. One hour to two hours allows the hot water time enough to get out of the stomach before the food enters or sleep comes, and thus avoids vomiting. Four times a day gives an amount of hot water sufficient to bring the urine to the right specific gravity, quantity, color, odor and freedom from deposit on cooling. If the patient leaves out one dose of hot water during an astronomical day, the omission will show in the increased specific gravity as indicated by the urinometer, in the color, etc. Should the patient be thirsty between meals, eight ounces of hot water can be taken any time between two hours after a meal, and one hour before the next meal. This is to avoid diluting the food in the stomach with water.

4. *Mode of taking the hot water.*—In drinking the hot water it should be sipped and not drunk so fast as to distend the stomach and make it feel uncomfortable. From fifteen to twenty minutes may be consumed during the drinking of the hot water.

5. *The length of time to continue the use of hot water.*—Six (6) months is generally required to wash out the liver and intestines thoroughly.

As it promotes health the procedure can be practiced by well people throughout life, and the benefits of "cleanliness inside" be enjoyed. The drag and friction on human existence, from the effects of fermentation, foulness, and indigestible food, when removed, gives life a wonderful elasticity and buoyancy somewhat like that of the babe above alluded to.

6. *Additions to hot water.*—To make it palatable, in case it is desired, and medicate the hot water, aromatic spirits of ammonia, clover tea blossoms, ginger, lemon juice, sage, salt, and sulphate of magnesia are sometimes added. Where there is intense thirst and dryness, a pinch of chloride of calcium or nitrate of potash may be added to allay thirst and leave a moistened film over the parched and dry mucous membrane surfaces. When there is diarrhœa, cinnamon, ginger and pepper may be boiled in the water, and the quantity drunk lessened. For constipation a teaspoonful of sulphate of magnesia or one half teaspoonful of taraxacum may be used in the hot water.

7. *Amount of liquid to be drunk at a meal.*—Not more than eight ounces. This is in order to not unduly dilute the gastric juice or wash it out prematurely, and thus interfere with the digestive processes.

8. *The effects of drinking of hot water, as indicated,* are the improved feelings of the patient. The fæces becomes black with bile washed down its normal channel. This blackness of fæces lasts for more than six months, but the intolerable fetid odor of ordinary fæces is abated, and the smell approximates the odor of healthy infants suckling healthy breasts, and this shows that the ordinary nuisance of fetid fæces is due to a want of washing out and cleansing the alimentary canal from its fermenting contents. The urine is clear as champagne, free from deposit on cooling or odor, 1015 to 1020 specific gravity, like infants' urine. The sweat starts freely after drinking, giving a true bath from center of

body to periphery. The skin becomes healthy in feel and looks. The digestion is correspondingly improved, and with this improvement comes a better working of the machine. All thirst and dry mucous membranes disappear in a few days, and a moist condition of the mucous membrane and skin takes place. Ice-water in hot weather is not craved for, and those who have drunk ice-water freely are cured of the propensity. Inebriety has a strong foe in this use of hot water.

9. *Summary of general considerations on the therapeutical drinking of hot water.*

(a) Foundation for all treatment of chronic diseases.

(b) Excites downward peristalsis.

(c) Relieves spasm or colic of the bowels by applying the relaxing influence of heat inside the alimentary canal, just as heat applied outside the abdomen, relieves.

(d) Dilutes the ropy secretions of the whole body, and renders them less adhesive, sticky and tenacious.

(e) Inside bath.

(f) Dissolves the abnormal crystalline substances that may be in the blood and urine.

(g) Necessary to have the hot water out of the stomach before meals.

(h) Use is to wash down the bile, slime, yeast and waste, and have the stomach fresh and clean for eating.

(i) Promotes elimination everywhere.

(j) If objection is made, it must be remembered that we are 75 per cent. water.

(k) The gas that sometimes eructates after drinking hot water, is not produced by the hot water, but was present before, and the contractions of peristalsis eject it or sometimes it is that the air is swallowed in sipping as horses suck air. The amount of gas contained in the alimentary canal is larger than most are aware of, and yet it is not excessive, as it takes some time to eruct a gallon of gas from the stomach. This length of time can be

tested by submerging a gallon jug filled with air under water, and observing how long it will be in filling with water.

(*l*) Some physicians have advised against hot water, on the ground that it would "burn the coating off the stomach." If this is so, then a denudation of the lining of the stomach continuously for twenty-four years is compatible to a state of otherwise perfect health with no sign of illness for that period of time, and is also compatible with the numerous cases that have occurred under the use of hot water as a foundation for treatment during the past twenty-five years. Again the same physicians drink tea and coffee at the same temperature, and this act belies their warning and shows their inconsistency and want of consideration before speaking.

(*m*) These dicta about the therapeutic drinking of hot water were founded on the physiological experiments at the outset, verified in pathology and based on the experience derived from the treatment of thousands of cases since 1858. They are open, so that all who will may partake of this "water of life freely."

10. *Personal estimate of the founder of this practice.*—"If I were confined to one means of medication I would take hot water." "I have drunk it for twenty-five years."

Corroboration of the writer.—The writer testifies that his own personal experience and observation corroborates the truth of these statements of the Salisbury plans. Reprinted at request of author from *Gaillard's Monthly*.

CORRESPONDENCE.

The Vaccination Law in Switzerland.

TO THE EDITOR OF THE AMERICAN HOMEOPATH. — *Sir* :—A few months ago the *Northern Echo* published the details of the decisive overthrow by a plebiscite of the Swiss people (known as the Referen-

dum) of a compulsory vaccination law passed by the Federal Chambers on the 31st of January last. Determined but futile efforts on the part of the medical press were made with a view to minimize the significance of this resolute rejection. We were told that the people still held by vaccination as a preservative against small-pox, as proved by the retention of compulsory legislation amongst the cantonal laws, and that the defeat of the *Epidemien Gesetz* was only significant of the popular hatred to centralization. That this was not the true solution of the event was apparent in the fact that several cantons had already rejected compulsion by overwhelming majorities; and that vaccination itself was gradually being discredited, owing to the numerous disasters following the operation; and the reason why other cantons had not rejected compulsion was due to the lax enforcement of the laws. I have just received information that the city of Basle, one of the most enlightened in Switzerland, after six months' agitation, and the most vigorous resistance on the part of the medical faculty, voted on Sunday, the 17th ult, in favor of the entire suppression of compulsory vaccination by a majority of 3,539 against 716, or 5 to 1, being a larger proportionate excess than that which made an end of the despotic Federal Vaccination Bill on the 30th of July last. Is it not clear, in view of the motives of this irrepressible revolt, that the entire question of vaccination, and not compulsion only, must be reconsidered in the light of the vaccine catastrophe at Algiers (four times brought to the notice of Parliament), and of the shocking disclosures of the thirty-five witnesses to the Norwich fatalities, published in the recent report (No. 385) of the Local Government Board?—I am, Sirs, yours faithfully,

WILLIAM TEBB, F. R. G. S.
7, Albert-road, Regent's Park,
London.

THE
AMERICAN HOMŒOPATH.

*A Monthly Journal of Medical, Surgical
and Sanitary Science.*

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Our columns will be open to a courteous and fair discussion of all subjects connected with our practice, as much as our space allows; but we do not hold ourselves responsible for the opinions of our contributors, *unless indorsed in our editorials.*

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A. L. CHATTERTON PUB. CO.,
New York.

EDITORIAL.

Aliquando bonus dormitat Homerus.

We had occasion in our August impression to welcome into the journalistic field an aspirant for professional favor, who promised to be a *Leader*, to wage relentless war against "free-love between the schools," to ensure a "pure triumph of uncontaminated homœopathy," and incidently, but with exquisite modesty, to teach the rest of us how a medical journal should be conducted. But alas! after a brief struggle with sublunary obstacles the ambitious little stranger is no more. It was too *pure* for this world, and has gone in its *uncontaminated* innocence where the wicked cease from troubling. Possibly its amiable editor may now reflect on the general lack of merit in his neighbors, which gave him so much concern, without censoriousness and with a due ap-

preciation of those venial weaknesses, against which he felt within himself a divine call to "protest." *Tout le monde est sage après coup.*

* * *

The New York State Society held its semi-annual meeting last month at Ithaca, and a full report thereof will be found in another part of the journal. President Hasbrouck's commendable ambition to make this meeting a notable one was amply satisfied. The unusually large attendance, the array of excellent papers, the spirited and earnest discussions, the cordial *esprit de corps* combined to make the meeting enjoyable, profitable, and memorable.

* * *

We noticed, however, that quite a number of persons who had sent in the titles of promised contributions were absent; some of them without apparently any reasonable excuse. Several chairmen of bureaux also were absent, and the departments unrepresented and non-reporting. Such neglect is censurable. No physician can guarantee attendance at any future meeting, neither can he always command the requisite leisure to write a paper; but he can write an apology for his failure to keep a promise, and ordinary courtesy would suggest that such was due to those who had set aside all other business and come up to the meeting.

* * *

Brown, of Binghamton, says—"We are seven." And they were all at the State meeting, and all contributed. The Binghamton brethren are wide awake, united and successful, and if they ask for the next semi-annual, will probably get it.

THE MEDICAL COLLEGES.

The twenty-fourth annual session of the NEW YORK HOMOEOPATHIC MEDICAL COLLEGE will commence October 2nd and continue until the third week in March. The College has a faculty of twenty-eight professors and instructors and is constantly endeavoring to render its instruction more practical and adapted as far as possible to the needs of each student personally. In laboratory work and in clinical advantages this college maintains pre-eminent distinction, and the facilities are this year better than ever before. The classes also are constantly growing in size and *esprit*, and thus the incentive of active competition among the students enhances the value of attendance. The class of last year numbered one hundred and fifty.

The tenth school year of the BOSTON UNIVERSITY SCHOOL OF MEDICINE will begin on October 11th, and continue until June. This college gives thirty-one weeks of instruction annually, and a graded course of three or four years, at the option of the student. The faculty consists of twenty-nine professors and instructors, including such eminent names as Wesselhœft, Worcester, Talbot, Clapp, Angell and Safford. The hospital is to have a four-story brick-extension, eighty by forty-five feet in size, for which \$60,000 has been raised. This will give room for thirty-eight additional beds, besides operating rooms and other adjunct facilities.

The trustees of the HAHNEMANN MEDICAL COLLEGE OF PHILADELPHIA have just purchased a large lot of ground on which they intend to erect a new college, dispensary, and hospital buildings. The ground is situated two squares north of the new public buildings near the business centre of the city. It extends from Broad street (north of Race street) westward to Fifteenth street, having a frontage

of one hundred and six feet on Broad street and one hundred and forty-two feet, six inches, on Fifteenth street. The entire length of the lot is three hundred and ninety-six feet. The cost of this magnificent site was \$104,500. It is the intention of the Trustees, as soon as actual possession of the property is obtained, to commence the erection of buildings, thoroughly adapted in all respects to the needs of a first class medical college. It is proposed to erect the main college building on the Broad street front of the college grounds. This building will contain the lecture rooms for didactic instruction, the museum, practical anatomy rooms, and the various laboratories for the professors and for practical work by the students in the departments of general and medical chemistry, physiology, microscopy, normal and pathological histology, etc., together with suitable rooms for practical exercises in the various manipulations of surgery, obstetrics, etc. Commodious apartments will also be provided for library, reading and recitation rooms, and for all the conveniences and comforts of the students and teachers. Contiguous to the college building, and between it and the hospital, will be the dispensary and polyclinic. This building will of course include the clinical amphitheater, so arranged as to secure light from all sides, and will communicate directly with the hospital as well as with the dispensary. Here will be provided the reception and general prescribing rooms, besides rooms for special examinations in private cases and for the management of all cases occurring under the heads of the various specialties. There will also be convenient apartments for the clinical professors, anæsthetic and recovery rooms and rooms for special clinical instruction, demonstration and practice for individual students or for small classes, especially in gynecology, ophthalmology, laryngology, and in general physical and chemical exploration. The hospital will front on Fifteenth street. It will

probably consist of a central building and two parallel pavilions. Ample room can be provided on the grounds for a hospital to accommodate two hundred and fifty or three hundred patients. The building will doubtless be erected in sections and will be so constructed as to illustrate the highest and best principles of modern sanitary science, and provided with every convenience for the highest welfare of the patients, and the greatest educational advantage of the students.

The faculty have succeeded in enlisting in behalf of the college the warm interest of a large number of the most active, influential, and wealthy business men of Philadelphia, and it is to the public and humanitarian spirit and the business sagacity of these gentlemen that the college owes its present exceedingly flattering prospects. At last the alumni of the Philadelphia School, from the class '49 to that of '83, are to have an institution in which they may feel a good deal of pride. For it is the full purpose of the faculty and trustees to place the institution upon such a basis as that, in point of efficiency, it shall be, in no single particular, second to any medical school in America.

The twenty-fourth annual session of the HAHNEMANN MEDICAL COLLEGE OF CHICAGO began September 25, and continues until February 21. The continued prosperity and popularity of this institution, the broad and thorough medical education which it gives, and the perfection of its methods of tuition, are matters of pride to the entire fraternity of Homœopathists everywhere. The college is a credit to us and we are proud of it. Prof. Ludlam will continue this year the extra course of twenty lectures on the puerperal diseases. His private class last year numbered 116; total students in the college 297; and the alumni muster 1,014 names.

THE CHICAGO HOMŒOPATHIC MEDICAL COLLEGE is a young and vigor-

ous institution now in its eighth year. It devotes itself to the medical education of men. Its building is directly opposite Cook County Hospital, and has an elegant amphitheater seating five hundred students, two large lecture-rooms, four clinic rooms, and two spacious dissecting rooms. This college devotes great attention to clinical instruction, for which the nearness to several hospitals, more or less under the control of the faculty of the college, affords abundant material. The class of 1882-3 numbered 123.

After an earnest and very expensive struggle of twenty-five years the HOMŒOPATHIC DEPARTMENT was established in the UNIVERSITY OF MICHIGAN in 1875. It is needless to say that the opposition to it has been bitter. Eight years of success has demonstrated the folly of the opposition, and the department is left to do its work without molestation. The rights of the students are most jealously guarded by the Board of Regents. The recent establishment of the new chair of Obstetrics and Diseases of Women and Children has greatly strengthened the Homœopathic Faculty. There is now no part of practical medicine which is not represented by our school upon the campus. The course of instruction is nine months for each year, and three years are required for graduation. The practical laboratory work in inorganic chemistry and urinalysis is very thorough and must be fully completed before graduation. In view of these requirements students who want chiefly a diploma do not seek their education in this department. Students who want the best possible opportunities clinical, practical, and didactic, find in this school their desires met. The department has under its own control a finely equipped Hospital, and, therefore, a large amount of clinical material. The annual State appropriations to the Homœopathic Department is \$12,200. This alone will

show what is being done for Homœopathy by the State of Michigan, and what generous means are placed in the hands of the Regents for the benefit of students who seek to obtain the highest medical education the University can afford.

The twenty-fifth annual session of the HOMŒOPATHIC MEDICAL COLLEGE OF MISSOURI begins October 8, and continues until March 1. This college also furnishes instruction only to male students. It has a faculty of thirteen, including such competent instructors as Edmonds, Valentine, Richardson, and Kershaw. The class last year numbered forty-one, of whom nine received the diploma of the college.

ABSTRACTS.

USE OF SAND FOR ULCERS.—A writer in *The London Practitioner* remarks that the application of a specially prepared sand to granulating sores has been tried for some time with success, and that it possesses the advantage, since it absorbs the discharge, of seldom requiring removal, so that healing can proceed without interruption. This sand is prepared as follows: It is first heated to a temperature capable of destroying all organic particles; it is then soaked in a solution of one part of bichloride of mercury in one thousand parts of water; after this, the mixture is placed in bottles, and can be used as required. This mode of treating ulcers is, however, not new, the sandy earth of the termite ants having, it is well known, long been used for this purpose by the natives on the west coast of Africa. But whether this termite earth possesses any antiseptic properties derived from the white ants, is an interesting question not yet decided.

TREPANNED SKULLS IN FRANCE.—Dr. Broca describes the trepanned skulls which have been discovered in some of the caves of France, belong-

ing to the earlier periods of the new stone age. He asserts in regard to this remarkable disclosure, that a great number of these skulls were trepanned during life-time, probably in infancy and early youth, and that they healed up again, the subject of the operation surviving it for many years. The theory is that the practice was a sacred rite of some sort, it being found that the skulls of those very persons who had undergone the operation in their lifetime were after death subjected again to the same operation; a number of small disks were cut from them in such a way that each disk contained a portion of the cicatrized edge made by the original trepanning, these disks being used as amulets by living persons, the skull thus treated being in its turn also provided with one of these talismanic disks in place of those surrendered.

TRANSPLANTATION OF MUSCLE IN MAN.—Helferich (*Archiv f. Klin. Chirurgie*, B. xxviii. p. 562) reports a case in which, as a result of the removal of gbro-sarcoma from the arm of a woman aged 36, the whole upper half of the biceps, with the exception of a thin strand at its outer part, was extirpated. Into the cavity which was left he promptly introduced a large fragment of the biceps from the leg of a dog. The cut surfaces were carefully brought together with sutures, as little injury as possible being done to the parts. The transplanted muscle was much more voluminous than the original portion, and was long after the operation distinctly perceptible to the touch. Electric experiments instituted about three months after the operation showed that the biceps reacted perfectly naturally to both kinds of current. The high point of stimulation situated at the place of section of the musculo-cutaneous nerve was, however, absent. The movements at the elbow-joint were almost normal.—*Lancet*.

TUBERCLE BACILLI IN CHILDREN'S DISEASES.—Dr. Demme finds that catarrhal pneumonia accompanying or following measles and whooping-cough affords exceptionally good conditions for the deposit and development of bacilli. In cases which do become tuberculous the bacilli appear at first isolated in the sputum, but as the tubercular pneumonia develops they become proportionately increased in numbers. The expectoration in acute miliary tuberculosis, on the contrary, does not contain bacilli. In the ulcerative form of lupus vulgaris bacilli may also be detected, although rarely.

In one of those very rare cases of tubercular disease of the nasal mucous membrane reported by Demme (*Berl. Klinisch. Wochenschr.*, No. 15, 1883), bacilli were detected in the nasal discharge. The case is a very interesting one. A boy, 8 years of age, died of an acute meningitis, the autopsy demonstrating tubercular meningitis of the base of the brain. The glands in the lungs, bronchi, and mesentery were free from tubercle; on the surface of the mucous membrane of the right nostril were a few grayish-yellow nodules of tubercle. There was no history of inherited disease. The malady was attributed to direct infection from a nurse who was suffering with pulmonary phthisis, and the opinion is not an untenable one that the bacilli were carried directly from the nasal mucous membrane to the pia mater of the base of the brain, causing the tubercular meningitis, — *Deutsches Medizinical Zeitung*.

SWALLOWED A TOAD.—It Lives Four Years in a Woman's Stomach.—A very remarkable case is reported in Utica. Four years ago Mrs. George Potter, of No. 56 Brinkerhoff Avenue, lived in Kansas. At that time, while drinking water, she felt some small animal pass down her throat, and immediately tried by various means to eject it from her stomach, but without avail. As that

country was thickly infested with snakes she imagined it to be one of those reptiles. Shortly afterwards she began to grow fleshy, had frequent fits and symptoms of apoplexy. Subsequently Mrs. Potter removed to Utica. During these four years her sufferings have continually increased, she in the meantime being treated by many different physicians, the last being Dr. C. E. Crane, of this city. The poor woman could feel the animal moving in her stomach, and Dr. Crane's first efforts were towards feeding it something to kill it. This he was successful in doing about three weeks ago, afterwards it began to be acted upon by the juices of the stomach, and shortly after noon to-day yielded to the medicines administered, passed naturally through the intestines, and the patient was instantly relieved. The animal proved to be a toad, which had grown to full size since she had swallowed it, during which time Mrs. Potter's appetite has been insatiable. Naturally enough, she is a most happy woman to-day, her complete recovery being assured. Dr. Crane has the toad preserved in alcohol.—*Utica Observer*.

UVA URSI.—There are other purposes for which uva ursi may be advantageous used than pointed out in the therapeutics of the day.

For instance, if you have a case of tardy labor from inertia, or want of sufficient contractility of the womb, then in uva ursi you have, in my opinion, a better remedy than ergot. It makes the pain strong and more natural than the ergot. For this purpose I use a strong tea of the leaves, and give it freely,—it is safe.

In the next place it is better than ergot to arrest flooding in nearly every case, as I have often verified in my experience. In both labor and hæmorrhage you may sometimes need other remedies, such as Ipecac, Gelsemin, Bugle weed, etc.

Try the uva ursi for the above purposes. I have used it for nearly

twenty years in such cases with but few failures, if other proper remedies are used.—JEWELL DAVIS, in *Am. Med. Journal*.

ART VERSUS NATURE.—Discussing the use and advantages of antiseptic injections after delivery, and defending himself against the opprobrium of meddling midwifery, Dr. Douglas Martin (*Louisville Medical News*) says, "This doctrine of non-interference with physiological processes is so often urged as a plea for complacent inaction where a patient's health, perhaps life, is at stake that I think a fuller answer ought to be given. We do not leave nature alone in a case of club-foot, or of squint, or of teeth out of line. The horticulturist does not leave her alone when from a crab-apple a pipkin is developed. She is not left alone when from the coarse, rough, wild dog a setter or St. Bernard is produced. Indeed, throughout the whole realm of nature with which man has immediately to do, the highest forms of beauty and of usefulness are attainable only by means of the appliances of art. Is the fact, then, that childbirth is a physiological process a reason why art should not be laid under contribution to the fullest extent possible for the alleviation of its pangs and lessening of its perils?"

A SUGGESTIVE POST-MORTEM.—A young woman, aged twenty-seven, was found dead in her bed-room one morning, having retired in her usual health the previous night at 9 P. M. The brain and other internal organs had a healthy appearance, though the lungs were congested. The stomach contained about eight ounces of a brown-colored fluid, smelling strongly of chloroform. On being filtered, this yielded half an ounce of pure chloroform, which settled to the bottom of the graduating measure in which it was contained. It answered to the different tests, passing the vapor through a red-hot glass tube,

dissolving camphor, etc. The exact amount taken could not be ascertained, but four half-ounce vials labeled chloroform were found between the mattresses, empty, and smelling of that substance. I forward this as a matter of interest, so much chloroform unchanged and unabsorbed being found in the stomach twenty hours after it must have been taken; as she retired at 9 P. M. was found dead at 9 A. M. the next day, and the post-mortem was not made till 2 P. M. This case also shows the importance and probable benefit of using the stomach-pump promptly, if called to a similar case before life was extinct. Tanner gives a case where a gentleman swallowed two ounces of pure chloroform; the stomach-pump was used seven hours after, and the patient recovered.—*London Lancet*.

CHRONIC CHLORAL INTOXICATION.—Warfringe describes the case of a man, thirty-three years of age, who, on account of the pain produced by sciatica, took as much as twenty-five to thirty grammes (3 vi—3 viiss) of chloral daily. Nothing else seemed to relieve the pain and he had long ago given up hypodermic injections of morphia. The patient was sent to the hospital as a case of spinal meningitis, but this diagnosis could not be upheld. He complained of muscular weakness, particularly of the legs, and also of a double sciatica for which he had taken chloral. The most peculiar symptom consisted of a great emaciation in spite of an exaggerated appetite. There was no fever or other symptom of disease.

ACUTE PRIMARY RETRO-LARYNGEAL ABSCESS.—Groix concludes an elaborate study on this subject as follows:

1. Acute primary retro-laryngeal abscess consists in an inflammation of the connective tissue in the retro-laryngeal space.
2. Its appearance is characterized by the simultaneous occurrence of

fever, laryngeal pain, feebleness and hoarseness of voice, cough, dysphagia, and symptoms of laryngeal stenosis.

3. Normally, when moved from side to side, the posterior edges of the thyroid cartilage may be felt to glide over the vertebral column; this thyro-vertebral friction disappears in retropharyngeal space.

4. The gravity of this disease cannot be explained by the mere interference with respiration from œdema of the glottis; the inflammatory irritation of the various laryngeal nerves should be taken into consideration.

5. The best treatment seems to consist in the administration of large doses of tartar emetic and the application of several blisters. If tracheotomy is required by the urgency of the symptoms, the pus should be evacuated, even after this operation. —*Arch Gén. Méd.—Medical News.*

LITERATURE.

Students in photo-micrography will find much to enjoy in the volume* recently issued by Dr. Sternberg on that subject. The author is elementary in his technology and thus makes the book valuable to the merest tyro in the art. He by no means encourages beginners by belittling the difficulties to be overcome, but he makes the difficulties easily removable by the lucidity of his explanations. By means of dry plates and apparatus not particularly expensive, any one with habits of neatness and patience can make permanent records of what he sees in the course of his microscopical researches. This is especially valuable to those who have no skill in drawing. In fact sun-pictures as compared with hand-work, have the advantage not only of being more quickly made, but retain the vital aspect of the original and are thus

absolutely true to nature. The best executed drawings are more or less diagrammatic, and even the most skillful workman is not able to reproduce all the delicate lines and shades of natural objects. The second half of the book is devoted to a description of the plates interleaved in the volume. This work is so agreeably and instructively set forth, that we hope Dr. Sternberg may feel encouraged to complete and publish, at no distant date, the *Elementary lessons in Biology*, which he intimates are in process of elaboration.

We have been very much pleased in looking over Dr. Gilliam's little work on pathology* with the plain and simple manner with which he lays before the student the more obvious results of recent investigation in this department of medical knowledge. Purposely avoiding discussion of unsettled questions of theory, he necessarily states many things dogmatically which hypercriticism might find fault with. This has been done with a view to prevent confusion in the mind of the student, and to give him clearly defined ideas of the generally accepted doctrines of the day. He will get befogged soon enough if he dips very far into pathological investigation.

The experiments of Dr. Robert Koch, which resulted in his presumed discovery of the causation of phthisis pulmonalis, in the presence of the *bacillus tuberculosis*, has frequently been referred to in these columns. The discussion which followed the promulgation of these ideas induced immediate and minute inquiry into the history of tuberculosis. Up to this time there had been no attempt to gather into concise and accessible form the numerous contributions which had been made to the literature of this disease from the time of Sylvius to the present day, and which was scattered through innu-

* *Photo Micrographs, and How to make Them.* Illustrated by 47 photo-micrographs, reproduced by the Heliotype Process. By Geo. M. Sternberg, M. D., F.R.M.S. Major U. S. A., 8 vo., pp. 204. (Boston: Jas R. Osgood & Co.)

* *The Essentials of Pathology.* By Dr. Tod Gilliam, M. D., with numerous illustrations. 12 mo. pp. 296. (Philadelphia: P. Blakiston, Son & Co.)

merable volumes of medical periodicals and of transactions of societies, the majority of which were inaccessible to the ordinary medical enquirer. To remedy this state of things, Dr. Arnold Spina, an associate of Professor Stricker, of Vienna, has quite recently published *Studien über Tuberculose*; and this has been translated, with annotations and additions, bringing the history down to March last, and covering a period of two centuries, by Dr. Eric E. Sattler.* Dr. Arnold Spina is one of the most formidable opponents of the theories of Koch, and could even give points to Gregg, of Buffalo. He brings his history down only to the time just preceding Koch's experiments. Dr. Sattler adds to this an account of the investigations of Koch, and of the various subsequent experiments of other investigators, and their attempts to verify or to overthrow his conclusions. He gives a full description of the latest experiments of Dr. Spina, in which he claims to have disproved Koch's theories, and follows this with the reply by Koch to this attack by Spina, Gregg and others, last March. As the book is *Sui generis* it has considerable interest to all medical men; and it has the advantage of being compressed into reasonable conciseness.

The question of the propriety of vivisection has never assumed in this country the popular interest which it has attained in England, and which led to the Cruelty to Animals Act of 1876. Many persons suppose that vivisection is necessarily a generic name for torture. No doubt the anatomist of the middle ages did cut open living bodies to see what is going on inside; no doubt many modern investigators are cruel and brutal; no doubt many experiments are performed which serve

no useful and necessary purpose, but it is equally true that much remains to be learned both as to vital processes and as to the action upon them of various extraneous elements, which can be learned only by experimentation upon the living; and that this, even though it involve suffering, is not necessarily inhumane. As a rule the experiments now performed do not involve pain; except indeed those following the administration of drugs for the purpose of determining their pathological-producing power, and this is a justifiable and necessary procedure. It would have been wiser if the author of a work recently published under the title of *Physiological Cruelty*,* had had the courage of his opinions, and placed his name upon the title page. Anonymous work carries but little weight in the professional or popular mind; and yet the author, in this instance, has done the work thoroughly well. He summarises the conclusion as follows:

"Nothing now remains to add, except to commend this difficult subject to the dispassionate consideration of all who can place truth above feeling, still more—above prejudice; who can put aside the attraction of desire, and the yet stronger attraction of abhorrence, in order to see, not what they wish to see, or what they dread to see, but what *is*; and whose real benevolence can heartily rejoice—with no *arrière pensée* of disappointment—when a fascinating horror, seen by the excited torchlight of excited imagination, fades in the daylight of fact into one of the many disagreeable—but not particularly appalling—duties of to life. Such persons will scarcely need be once more reminded that it is no true humanity which is willing to perpetuate a great mass of obscure misery, out of sight and out of mind, in order to spare itself the recollection of a few cases of suffering, the details of

* *A History of Tuberculosis*, from the time of Sylvius to the Present Day: being in Part a Translation from the German of Dr. Arnold Spina. By Eric E. Sattler, M.D. 12 mo., pp. 191. (Cincinnati: Robert Clarke and Company).

* *Physiological Cruelty*: or, Fact vs Fancy. An Inquiry into the Vivisection Question. By Philanthropos. 12 mo., pp. 156. (New York: John Wiley and Sons.)

which it exaggerates and dwells upon with an ignorant and morbid sensationalism."

Quiz-compend is the title of a series of little manuals for medical students, intended for use in quiz-class and examination rooms. The only one we have seen, on Visceral Anatomy,* is admirably adapted to the purpose, though flexible covers would, we opine, add to its acceptableness as a pocket reference-book.

The transactions* of the New York (State) Homœopathic Medical Society for 1883, make a handsome octavo volume of three hundred pages, and contain about sixty articles, many of them valuable contributions to medical literature.

Our thanks are due to Dr. M. B. Campbell, of Joliet, for the bi-annual report of the Illinois State Penitentiary; to Dr. Park Lewis, of Buffalo, for the transactions of the American Homœopathic Ophthalmological and Otological Society (1882); and to Willard A. Smith, of Chicago, for pamphlet on Color-Blindness.

NEWS AND ITEMS.

Billroth has recently removed a spleen for the *third time*.—Ex. (Rather a persistent spleen that.)

Friend Brayton, of Buffalo, says he goes fishing to Victor, N. Y., occasionally, but never catches anything but a cold.

Dr. Louis de Hyern died recently at Madrid. He and the late Dr. Nunez were very active in introducing homœopathy into Spain.

If you wish to be a full fledged homœopathist you need not take any medicine, but just have a short conversation with an apothecary when you are sick.—*N. Y. Herald*.

* *A Compend of Visceral Anatomy*. By Saml. O. L. Potter, M.A., M.D., Surg. U.S.A. With 41 Illustrations. 16 mo., pp. 101. (Philadelphia: P. Blakiston, Son & Co.)

† *Transactions of the Homœopathic Medical Society of the State of New York*, for the year 1883. Vol. xviii. 8 vo., pp. 301. (Havana, N. Y.: L. E. Keyser and Company.)

The *Publisher's Record*, the first number of which is issued in the current month, is devoted to information concerning medical books and periodicals; published monthly by W. A. Chatterton, Chicago; subscription, fifty cents.

Dr. A. M. Whiton, of Gosport, N. Y., calls attention to the fact that some of our medical writers use *preventative* where they obviously mean *preventive*. The former word is like some of our doctors—a mongrel.

"Declined on account of the weather," as Dr. Townsend said when he saw the pugnacious wool-producer on the other side of the fence that he was about to climb.

A careful reporter wrote last week of a man who fell from the roof of a house and "injured himself quite seriously." Usually, when a man drops from a roof he takes a run around the square to restore his circulation, or else jumps back again.

No one is overwilling to confess that he is sea-sick, but some people like to hang over the rail of the vessel more than others, and listen to what the wild waves are saying. Poetical temperaments are often affected in that way.

If Sol, Luna, etc., can be potentized for use on this mundane sphere, why cannot Hell be potentized for use *hereafter*? A high potency antidotes a *low one*!—Hom. Physician.

Oh, none of our family are going that way.—Ed. Am. Hom.

Mrs. Partington's moral reflections are always worth attending to. After suffering "the bigamies of death" from an attack of "inflammation in the borax," she threw herself back in her easy chair and remarked, "There's no blessing like health, particularly when you are sick."

Something for the little ones. An excellent soap-bubble preparation is composed of oleate of soda and glycerine, and from it bubbles two feet in diameter and of exceeding brilliancy can be blown. Some of these have been kept forty-eight hours under glass.

A little Danbury girl was playing with a tea bell, the clapper of which was hung by a steel wire, hooked at the end. The hook caught in her tongue so far back as to hold the bell tightly over her face. She was too young to aid in relieving herself, but a doctor finally worked in a pair of nippers and cut the wire.

AN UNINTENTIONAL CONFESSION.—Young lady (apropos of old party's complaints): "Had another attack, have you? and where does it most affect you?" Old party (rather given to tipping): "Oh, it's all in the head and legs, lady—all in the head and legs."—[Judy.]

THE AMERICAN HOMŒOPATH.

NEW YORK, NOVEMBER, 1883

ACTÆA RUBRA ET ALBA.

BY

GEO. W. WINTERBURN, Ph. D., M. D.

New York.

Actæa lives in grand good company, botanically speaking. It belongs to a triad of plants of which the others are Hydrastis and Cimicifuga; besides being a close relative of Aconite, Larkspur, Hellebore, Anemone, Pæony, and Clematis. Its own common name is not attractive—baneberry; but in recognition of their relation to Cimicifuga (black cohosh), the two varieties are sometimes called red cohosh and white cohosh.

These two plants are closely affiliated and I am unable to distinguish any therapeutic difference between them. The *root* is the part used. It has a disagreeable odor and taste, and in large doses causes gastrointestinal irritation, mental hallucinations, and even death. In its toxic effects it resembles the Christmas rose, and like it is useful in mental disorders, dropsies, and ovario-uterine diseases. From the fact that Cimicifuga was once classed as an Actæa, by botanists, it has been supposed that their therapeutic effects are identical. But this is not so. There is a marked likeness in their action upon the uterus and its appendages, but in some other effects they are very different, as I shall hope to make evident.

The mental disorders in which Actæa will be found useful are best explained by reciting the main features of a case of mental alienation, in which I used it, about two years ago. This was a young woman, aged twenty-three, of the lymphatic-bilious type, who had been disappointed in a love affair, about eight or nine months previously. This event had weighed heavily upon her mind, had induced insomnia, and had caused some derangement of the

menstrual function. The latter was however now normal. Her mental condition might be summed up in one word—indifference. She would sit by the hour apparently looking at nothing, not speaking unless addressed, and to all appearance heedless of herself as well as of all other things. Although her hearing was not impaired, it was often necessary to speak to her several times in order to obtain an answer, and this did not seem to be owing to the fact that she was lost in thought, but rather because she was indifferent whether she pleased those around her or not. Her appetite was fairly good, but she seemed to have no relish for any special kind of food, and eat whatever was put before her with equal indifference as to what constituted the meal. She could not be interested in any kind of work, although she had been previously very industrious, and had prided herself on the neatness of her sewing, and the excellence of her fancy work. Nor could she be induced to go out, and often even refused to make herself presentable in dress. She could not be aroused to antagonize anything, and her refusals were always of the negative sort. She was simply inert. This inertia extended to the physical system also. I have said that her appetite was good; by that I mean she ate regularly three times a day, but sparingly, and always if she was about to leave off. Her bowels were not constipated, that is they moved every day, but the stool was scanty, and though neither hard nor dry, was voided only after deliberate effort. The urine, perspiration, cerumen, and all other secretions are equally scant and dilatory. Even her insomnia was not the energetic wide-awakeness of some patients, but a sort of semi-sleep, from which she was aroused by the slightest noise, and in which she would lie half conscious of all her surroundings, while through her mind trooped a long procession of ludicrous and frightful phantasma-

goria. In fact sleep was to her as if "all the interim was like a phantasm, or a hideous dream."

Fortunately she had had very little treatment, the family physician advising none; and therefore her symptoms were purely psychical and pathological, and not mixed with the unmeasurable factor of drug-action, which so often complicates chronic cases, and confounds the judgment of the physician. I gave her the second dilution of white cohosh in drop doses every two hours. In a week or ten days we began to notice some change in her. She became less taciturn, and would occasionally speak of her own accord. She also began to be irritable, and as this increased became very nervous. It was as if every natural sensibility, having been locked up by some all-pervading influence, were suddenly released, and the will power, by disuse having lost control, was unable to prevent explosions of temper. At this time she began to interest herself with work about the house, and although she would not go out-doors, she improved greatly in physical health. It took her about three months time to come back fully to her normal self. During that interval she was continually improving, and at last she would laugh at her former state as something now incomprehensible to her.

The few cases of dropsy in which I have used *Actæa*, have not enabled me to classify its action in this disorder, with the precision which I should like. It is useful in post-scarlatina dropsy and in other oedemæ, when the whole system is in a torpid state, and fails to react with vigor. I have not succeeded with it in serous dropsies, as for instances in hydrothorax, possibly through ignorance of the conditions under which it might be of service.

In ovarian and uterine disorders it has served me well; and while I do not use it with the frequency and familiarity of *Cimicifuga*, I have prescribed it in many of the conditions

in which *Cimicifuga* is used, generally with success. As a parturificient I have used it two or three times and the following case is illustrative of its effects. Mrs. S. R. T., aged twenty-six, primipara, had passed through the first stage of labor before I arrived. The pains were slow and tedious, but she complained of them bitterly and was very much annoyed with me and everybody at having to bear so much. After waiting a reasonable time and encouraging her in every way possible, without much effect, I bethought me of what was the best thing to do next. I happened to have in my medicine-case a bottle of the second dilution of *Actæa*, as I was at that time treating the case already detailed; and I determined to try the effect of this before resorting to any better known drug. I therefore put half a drachm of this dilution in fifteen spoonfuls of water, and gave her a teaspoonful every five minutes. The result was that the pains ceased altogether and she went to sleep. Having slept nearly an hour she awoke, and I then recommenced the the medicine. The pains came on nicely, her frame of mind being entirely altered, and, in about half-an-hour, she was well delivered of a finely developed boy. I am aware that often the pains will be unsatisfactory at first, will die away altogether, and return with renewed vigor without any medicine having been administered; but in this case the total change in the condition from one of erethism and irritability to quiet and self-reliance was markedly the effect of the drug.

In rheumatic dysmenorrhœa in irritable subjects, with scanty catamenia, spasmodic pains, and a tendency to convulsions, I have in several cases seen the good effects of *Actæa*. One of these cases was a woman nearly forty years of age, who had never been married. The menstrual discharge was always very scanty, often lasting only a few hours, and being rather a reddish leucorrhœa than a true menstrual flux. It usually

delayed three or four days each month, that is she was unwell about every thirty-second day. For several days previous to the appearance of the discharge she suffered from severe pain in the uterus, as if it was being torn out. These pains measurably ceased with the beginning of the flow, but the uterus was at all times irritable. The second dilution of Actæa in drop doses every three or four hours, continued for several months completely cured her. She has now menstruated normally for two years, without undue suffering.

I presume that Actæa might be used successfully for irregular after-pains, and as a preventative of premature labor.

In ovarian neuralgia, associated with mental torpor and indifference, constipated bowels and irregular menstruation, I once saw it act promptly.

A BORAX VERIFICATION.

BY

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West New Brighton, S. I.

(Late Resident Surgeon, Hahnemann Hospital, New York.)

During the past summer I was called to see a patient at the Pavilion Hotel. Found a boy, aged eight months. Mother said he had enjoyed unusually good health until the two weeks preceding the date of my visit. The nurse first noticed that the child was restless at night, would wake up frequently crying out in fear; during sleep muscular twitching, and easily startled by any slight noise. Whenever lifted up or put down in bed the expression was that of fear and suffering. Face flushed, slight elevation of temperature. A diarrhœa had existed for forty-eight hours, and it was for this that treatment had been sought. Stools watery, greenish, some mucus; crying out as though in pain during each evacuation. On inspection the mucous membrane of hard palate was found

pinched and dry, and a few small erosions seen. No white patches of aphthæa; tongue red, clean. Abdomen unusually distended, most marked in epigastric region, not tender; no vomiting. The child did not present the appearance of one affected by a depressing disease, more that of one suffering from some irritation. While making observations I noticed a six ounce bottle standing on a table, two-thirds full of a watery liquid, and on the bottom of the bottle a white crystalline substance which the mother said was borax, and that she used it liberally about the baby's mouth.

As I had been given to understand that the baby had always been well, I asked why the borax had been used and was told merely as a prophylactic. It then occurred to me that the symptoms presented a fair resemblance to those considered characteristic of borax, and that possibly it might account for the child's illness, since it could be assigned to no other cause, no change having been made in diet or régime. The mother was directed to discontinue the use of borax, and *Chamomilla*, later *China*, given. A few days after I found the baby comfortable, diarrhœa stopped, not nearly so restless at night, no more twitching, mouth moist, no ulceration. True, this might have been an ordinary summer diarrhœa; yet, when we consider the history, the character of the stools, the twitching during sleep, the restlessness, sudden starting, the expression of fear, especially when put down or moved about, the condition of mouth and abdomen, then the fact that a saturated solution of borax was being used freely, one cannot help thinking that it was probably more than a coincidence, and if so, may not the borax often act as an exciting cause and its continued use in disorders of digestion tend to aggravate the very symptoms it is given to relieve?

RECENT RESEARCHES IN ZYMOSIS AND DERMATOLOGY.

BY

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NEW YORK.

(Read before the New York County Homœopathic Medical Society.)

In attempting to explore so wide a field as our bureau comprehends we were some what surprised to find that the current literature leads us so seldom beyond scarlatina, diphtheria and typhoid in the realm of zymosis, while in that of dermatology, eczema stands almost alone.

SCARLATINA.

Of scarlatina we find much both theoretical and clinical. Dr. Mitchell, of Cincinnati, in the *Detroit Medical Age*, reports forty cases with no deaths, all treated exclusively with whisky. Of this number twenty-two were s. anginose, the remainder simplex. He gives from half to a tablespoonful of whisky to a child from two to three years old and has his patients sponged every few hours with tepid water, followed by oil or lard. Does not state the frequency of the dose. The average duration of these cases was seven and one-fifth days. Alcohol, he says: First, stimulates the exhausted nervous system, thereby contracts the capillaries whereby less heat is evolved and less tissue waste occurs. Second, reduces the temperature by lessening the oxydizing power of the red corpuscles; and, Third, acts as a food to the blood by diminishing the waste of tissue. In closing, he remarks: "I rely upon alcohol as the sheet-anchor in this disease."

Dr. Keith N. McDonald, in the *British Medical Journal*, declares that Sulphurous acid, when properly applied, locally and internally, is by far the most efficacious remedy we possess in this disease. He administers to a child six years of age, ten minims of the acid in glycerine and water, every two hours, and directs a sulphurous spray to the throat and fauces every three hours using acid,

pure or dilute according to the severity of the case. In connection with this he burns sulphur half a dozen times a day in the sick room until the air becomes unpleasant to breathe. Where the throat is so bad that medicine cannot be swallowed he depends entirely upon the spray and smoke, washing the dark accumulations upon the teeth and lips with a solution of Per Mangan. of potassa. 3j-3j.

Dr. Robert Park, in *London Lancet*, reports a case of malignant scarlatina without exanthema but with violent vomiting and purging treated with fluid extract of Jaborandi compounded with Acetate of Ammonia, Syrup of Poppies, Chloroform and water. Dose one or two teaspoonsful every two hours at first, and later, hypodermic injections of Pilocarpin $\frac{1}{20}$ to $\frac{1}{30}$ grain at a time. Patient was in a state of collapse for hours but made an excellent recovery. The doctor does not state what led him to this course of treatment nor does he cite other cases but clearly he assigns the cure to Jaborandi.

Two remarkable cases of malignant hæmorrhagic scarlatina are reported at length in the *London Lancet* by Dr. John W. Hayward, cured by *Crotalus*. A brother and sister, aged respectively thirteen and nine, were attacked in a most violent manner. The throat was greatly swollen, with dark sloughy looking patches, hemorrhages from the nose and throat, vomiting of dirty brown mucus and a similar fluid running from the mouth. There was great prostration and a lethargic condition—rash faintly visible but brown and rough. It was not until after thirty-six hours in the first case that *Crotalus* was resorted to in the following manner: The cuticle was removed from about the throat by a *Cantharides* blister, after which a wet compress sprinkled with *Crotalus* was bound upon the throat and changed every half hour. In connection with this a dose (size not stated) was dissolved in a teaspoonful of water and dropped upon the tongue

at similar intervals. The effect was stated as almost magical. There was no more retching and no more hæmorrhages after beginning the treatment while the rash became a bright red color. Respiration and pulse became normal and the child could swallow without pain. The remedy was continued internally at intervals of two hours until perfect recovery. The doctor states "she was attacked on the 5th, nearly dead on the 7th, Crotalus treatment began on the 7th, she rallied almost immediately, favorable prognosis given on the 8th, and was well on the 14th." The second case is almost a *fac simile* of the first. In closing his article he states that he withheld the report of these cases until he should have an opportunity of testing the drug in similar cases, which he has now done "over and over again," and is convinced that the cures were no mere coincidences. He believes this drug to be an adequate remedy in similar cases for which there has hitherto none been found.

The interconvertibility of zymotic diseases we find discussed by several writers, notably by Dr. John Meredith in the *Lancet* of recent date. He relates a case of "simon pure" diphtheria in one member of a family while two other cases exposed to this one developed typical scarlatina. Whether, says the doctor, *all* zymotic diseases are due to an identical 'poison, their different manifestations being due to peculiarities of soil, we do not know; but we do know that the evolution of these diseases is a field full of interest to the intelligent observer.

Some interesting experiments in the use of equine scarlatinal virus as a prophylactic against human scarlatina are related by Dr. J. W. Stichler in the *Medical Record*. Some horses being afflicted with a disease pronounced to be scarlatina, Dr. Stichler procured some of the nasal secretions of the animals and injected six minims into each of six rabbits and one dog. The result was a

confluent eruption, scarlet in color, which lasted about four days and terminated in exfoliation. Next there was injected into the same animals, human Scarlatina poison taken from the arm of a boy with the disease and no local or general disease followed. Dr. Stichler then vaccinated twelve persons varying in age from five to twenty-five years, and states that the points shown by these cases are: 1st, the safety in using the virus obtained from a horse; 2d, that the virus implanted in human tissues is followed by a local eruption similar to mild scarlatina and 3d, that the system appears to be protected against the action of human scarlatinal poison after equine vaccination, and he adds:—"May not equine scarlatina be to human scarlatina what bovine virus is to small pox?" Apropos to the above, we may remark that in a discussion before a Society of Veterinary Surgeons in this city recently upon scarlatina in horses the burden of testimony was against the existence of the disease.

DIPHTHERIA.

On the treatment of Diphtheria, Dr. Jamieson in *Edinburgh Medical Journal*, tells us that he has found marked benefit from the internal use of salicylate of soda and a frequent local application of bora-glyceride, in glycerine. Bori-glyceride is a mixture of 62 parts boracic acid in 92 of glycerine. The glycerine is heated and the boracic acid added slowly. When cool it crystallizes and is a very pronounced antiseptic.

Dr. Allen, of northern New York, states in the *Detroit Medical Age*, that he employs hydrate of chloral and speedily dissolves the diphtheritic membrane by its use. He applies it once in two or three hours in a strength of 15 grs. to the $\frac{5}{8}$ j or 30 grs. to the $\frac{5}{8}$ j for adults. The doctor does not state whether it cures the disease.

Dr. Van Antwerp, of Vicksburg, Michigan, has not found chloral remarkable in dissolving the diphth-

eritic membrane but says it gives immediate relief to the painful sensations of the larynx. He dissolves the chloral in glycerine or alcohol.

Dr. Charles Miller in *Southern Practitioner*, tells us that he gives calomel 10 grain doses every hour until twelve doses are given which results in casting off the membrane without return. No cathartic or emetic is given after the calomel. Dr. Reiter corroborates the claim for this treatment except that he gives the calomel before the membrane appears thinking it too late afterwards while, Dr. P. P. Short, of Ludington, Michigan, reports four cases where he thinks death was averted by this treatment.

Prof. Leichtenstern, Physician in Chief of Cologne City Hospital, has caused all the patients in the hospital suffering from diphtheria to be treated with iodoform alone. The iodoform was first triturated with amylum and applied in powder and later it was combined with collodion 1 to 10 and applied with a camels' hair brush six times a day. Of two hundred and thirteen cases treated in this manner but one death occurred.

A new theory of diphtheria comes from Dr. Woakes in London *Medical Record*. He pronounces this disease a simple neurosis arising in persons who are deficient especially in vascular tone. He considers it akin in theory and causation to a common cold. The patient is exhausted nervously and is exposed to some strong irritation or shock. The doctor explains in detail the route by which the shock is conveyed to the pharyngeal mucous membrane producing local inflammation of a low type. The contagiousness of diphtheria is explained as the result of the modified constituent of a normal tissue, viz.: the lymphoid cell which is described as found in mucous tissue of the pharynx. These cells undergo abnormal development in the inflammatory process and on being shed become the infective particles.

A little ring of the true metal comes to us from Dr. D. H. Roberts, of Minnesota, in the August number of the *Journal of Obstetrics*. He states that during six months of an epidemic of diphtheria he treated one hundred and twenty-five well marked cases with a loss of but two cases. The remedies which he relied upon were the different preparations of Merc., iodide, biniodide and cyanuret, also Apis and Phytolacca, while in cases cited he mentions the use of Arsenicum and Gelseminum with Kali bich and Bromine in laryngeal complications (croupous the doctor calls it). In conclusion the doctor suggests a few points to which his experience has led his mind as follows: 1st, that malignant diphtheria is infectious; 2d, that the removal of the membrane by caustics or otherwise is extremely injurious; 3d, that cleanliness of the skin and pure air are more important than disinfectants; the latter being injurious whenever they irritate as do the fumes of sulphur, chloride of lime, etc.; 4th, that in regard to remedies the homœopathically indicated remedy is *probably* always the best, though he would not ignore clinical experience; 5th, that the paralysis which is probably never entirely absent requires careful consideration, as those who die of this disease are usually carried off by the paralysis of vital organs. In regard to the bacteria theory he does not regard its truth as established and even if it were, cannot see how it would materially assist in the treatment of diphtheria as the similitum would still be the remedy.

TYPHOID FEVER.

In our search for items, new and useful, upon Typhoid Fever, we found history so often repeating itself that we were prepared to take a new departure and pronounce history itself to be of zymotic origin, as every article appeared to have been produced from an old specific germ which happily or unhappily had found a favorable soil.

The *Medical Age* declares that Typhoid Fever cannot be averted; states that hospital records of Great Britain show a death-rate of more than 20%, while in this country it is only 10%, and remarks that in view of the above, anything new is in order. It then proceeds to give the latest from Dr. James C. Wilson of Philadelphia, who treated sixteen typical cases, not one resulting fatally. Dr. W's plan is rigid hygienic rules. Put the patient to bed with a diet of milk, animal broths, jelly, or custard in small quantities at intervals of two or three hours. At night give $7\frac{1}{2}$ to 10 grains of calomel, which is to be repeated upon alternate evenings until three or four doses are given. Excessive diarrhœa is to be controlled by opium suppositories 1 grain each. Recumbent position with the use of bedpan and urinal must be maintained. From the very beginning of the attack he gives a mixture of Tr. Iodine and dil. Carbolic acid 2 to 1—two or three drops in water after food day and night, that is, every two or three hours until the attack draws to a close. Tepid sponging of the body with equal parts water and vinegar, or alcohol twice a day. Whenever the evening temperature reaches 104° 24 to 30 grains of quinine are administered upon the falling tempt., say the following morning. This is divided into three doses and given once in half an hour each. If the stomach rejects it he renews it hypodermically. Under this plan no alcohol is usually required prior to the second week, sometimes *not at all*. What, will the doctor tell us, becomes of the alcohol used in baths twice a day? An interesting but somewhat serious circumstance is related in the *Lancet* of sixty-eight almost simultaneous cases of Typhoid occurring among person who attended a regatta in England. An investigation developed the fact that lemonade made from water in a disused well had been drunk, but no inspection of the water was made to show whether it was infected by the specific Typhoid poison.

A French physician (name not given) has satisfied himself that in Typhoid the frequency of the pulse is not always in proportion to the elevation of the tempt., and conversely that the tempt. is not always in proportion to the pulse. He says, in any febrile action where a high tempt. and a normal pulse exist that Typhoid should be thought of.

The prognosis is not bad with a tempt. 104° 105° where the pulse remains 80 or 90, but if pulse runs up with this tempt., the prognosis is grave; so also if the tempt. falls suddenly while the pulse remains high.

In a quarterly summary of improvements and discoveries in medical science (*American Journal of Medical Science*) we find the following apropos to this subject: Dr. John W. Byers groups the prominent symptoms of perforation in Typhoid as follows: "We are warranted in saying that perforation is met with most frequently in the more serious cases of the disease. Leibermeister and Murchison both agree to this. The latter states: In a large proportion of cases of perforation the previous symptoms are severe, and diarrhœa is a prominent symptom." This was the case in 60 out of 69 of my patients. In 11, the symptoms were preceded by considerable intestinal hæmorrhage, and in many others there was an unusual amount of abdominal pain."

As regards tympanitis, Sir Wm. Jenner says: "A single deep slough-formed ulcer will paralyze the bowels and lead to such an accumulation of flatus as produces enormous distention." It is in just such a case that perforation would be likely to occur. Continued elevation of temperature after the third week, in the absence of any complication, usually points to severe intestinal lesion. Sir Wm. Jenner has also pointed out that a single deep ulcer will paralyze the action of the bowels and cause constipation. Another symptom of severe abdominal lesion is severe tremor, while an unusually protracted head-

ache in the early stages is believed by Dr. Broadbent to denote unusually severe affection of Peyer's patches. Dr. Cayley thinks when *tâche cérébrale* lasts for some time after convalescence has set in it is a sign that the intestinal ulcers have not yet healed, and that therefore the patient is liable to relapse. Sir Wm. Jenner calls attention to the one symptom of tremor which he finds out of proportion to other signs of nervous prostration an evidence of deep destruction in the intestines; while a large extent of superficial ulcer may be unattended by symptoms.

It is the deep sloughing ulcers which give rise to the hæmorrhages and perforation. Murchison lays down the rule that severe and protracted muscular tremor *when the mind is clear* indicates deep and rapid ulceration. Dr. Byers concludes, then, that in cases of enteric fever, where we suspect from any of these symptoms severe and deep ulceration, the patient should be kept perfectly quiet, and on no pretext be allowed to sit up or make any exertion, as the slightest movement may cause the wall of the bowel to give way; while strict attention must be paid to diet which must be nourishing and liquid. No purgatives if there be constipation, and opium to paralyze the movements of the bowels, and at the same time promote healing.

From a number of sources there comes sound advice to physicians as to proper attention in disinfecting the alvine discharges of patients suffering with Typhoid Fever. We are told that it is not sufficient to direct it to be done, but that we ourselves must prepare the disinfectant (a solution of corrosive sublimate is recommended as best) and then after warning every body of its deadly poisonous effects, we must insist that every discharge is to be flushed with this and then be allowed to stand awhile before emptying in order to destroy the specific germs which are propagated through these discharges, after which closets and privies should

also be flushed with the same substance wherever any of the discharges are emptied.

RECENT GYNÆCOLOGICAL RE-SEARCH.

BY

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NEW YORK.

(Concluded from page 271.)

Of recent literature on diseases of women, a study of the *Diagnosis of Ovarian cysts by means of examination of the contents*; by Henry Garrigues, deserves notice. There are 112 pages and 61 wood cuts. The article contains a valuable review of his observations and opinions of reliable observers as well as a detailed description of ovarian fluid based on the observations of 18 months. G—divided his material into two classes operative cases where he was able to follow every step of the operation and examine the cyst after. Of 58 cases 50 were ovarian, 3 cysts of Bd. lig; 1 uterine fibro cyst; 2 cysts of Abd. wall; 1 Renal cyst; 1 Battey's operation. Class No. 2 comprised fluids removed by tapping. Comparisons are made and given in detail. The conclusions are then summed up. Among them are the following: It would be rash to base a diagnosis on the character of the fluid alone. Viscidity, the most important physical character when present, may be wanting in ovarian, and present in non-ovarian fluid. Color, limpidity, odor and reaction are not characteristic. No chemical product peculiar to ovarian fluid has been found.

Ovarian fluid does not coagulate spontaneously. When it does it is very slowly, as a rule it coagulates by heat. Scherer's test for paralbumen is *not* reliable. (Ascetic acid and boiling.)

The histological elements of ovarian fluid, as a rule, are preserved weeks and months. Ascetic fluid and that of broad ligament when present

this character has diagnostic value its absence none. Fluids should be examined as fresh as possible. Bennett's large corpuscles are epithelial cells in fatty degeneration. This small corpuscle or (Drysdale's granular ovarian cell) is but the nucleus of an epithelial cell in a state of fatty degeneration; it has no diagnostic value.

There is no pathognomonic morphological element in ovarian fluid.

Columnar epithelial cells *seen in side view* are the most important element. As regards diagnosis, their presence excludes all other tumors than those of the ovary, fallopian tubes and broad ligament.

Columnar epithelial cells are never found in uterine cysts. Neither the quantity, size, shape nor the arrangement of the elements of cystic fluid enables us to tell that the cyst is sarcomatous or carcinomatous, but only that it is ovarian. Atlee's fibre cell is not always found in uterine fibro cysts, and may be present in ovarian cysts of broad lig. cannot be distinguished from those of the ovary. The subject is treated almost exhaustingly, and to those interested the monograph is valuable.

Dr. B. Schulze (Berlin) has a new book of 246 pp. on the pathology and therapeutics of the displacements of the uterus. He finds the organ normally anteverted and slightly ante-flexed, and claims its position in the pelvis is maintained principally by muscular action. He defines displacements as loss of the elasticity which permits flexibility, that dysmenorrhœa is due to metritis and not stenosis; that sterility depends more upon endometritis than upon displacement. He considers parametritis an important cause of displacements, and apart from parturition he mentions habitual retention of urine and feces as producing relaxation of the uterine attachments and chronic inflammatory processes. Uterine catarrh he considers a cause, the narrow genital tract favors stagnation and decomposition of the secretions and

ultimate inflammation of the lymphatic vessels.

Manual of Gynæcology by Drs. F. B. Hart and A. H. Barbour, Edinburgh, contains 644 pp., 9 lithographs and 400 woodcuts. A review of which may be found in the February number of Am. Jour. Obst. It is said to contain much that is suggestive and new.

A treatise on the diseases of the Uterus, Ovaries and Fallopian tubes by A. Courty, Prof. Clin. Surg., Montpellier, France, translated from 3d edition, pp. 802, is also out.

Fibroids of the cervix, in connection with pregnancy and labor, by C. Chohbazian, pp. 123. The main points of the monograph briefly summarized are: If diagnosed before pregnancy, remove it. If first observed during pregnancy he counsels expectant treatment until symptoms arise, they may usually be removed without causing miscarriage. Each case is a law unto itself of 80 cases, twelve were removed during labor with one maternal death. He prefers forceps to version. It is claimed to be a valuable monograph, and no one will regret time spent in reading it.

There are modifications of pessaries and specula as usual. A modification of Sim's Speculum by P. F. Mundé seems practical. It has a large superior flange, designed to prevent the superior buttock from falling down. It is a superior instrument in examination without a nurse.

WAS IT SCARLATINA?

BY

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In the article "*Clinical Experiences*," in the June HOMŒOPATH, p. 151, under the caption "Scarlatina," the writer says,—“February 16th, Frederick V. * * feverish, pain in his limbs, sore throat, tonsils swollen, having the appearance of quinsy, tongue coated

urine scanty, depositing a brownish sediment. * * * "Feb. 17 and 18, * * temperature 99.5°; bowels constipated, pain in right lumbar region, absence of both rash and canker." * * "Feb. 19.—Patient every way improved." * * * Feb 24.—Patient very much worse. Had been out of doors and had evidently taken cold. Had a high fever, chills, vomiting, urine suppressed, pale countenance with œdema about the eyes, pulse 85, * * * urine heavily loaded with albumen. * * * After one week patient much improved. * * * "The above is a sample of many cases during the spring. There was neither rash nor canker, but in all the tonsils were very much swollen and the urine albuminous. * * *"

It is not my purpose to be hypercritical; in reading the article I remembered how large a number of similar cases I have met from year to year that have recovered on a treatment very like that prescribed in the cases referred to, but which I never diagnosed as scarlatina, though my attention may have been directed toward that disease at very first call or two. If such cases were in fact scarlatina, then I have failed to give proper attention to my patients, and have jeopardized their families and society in not isolating them, and after their recovery in not attending to disinfection. On the other hand, if they were simply cases of tonsillitis, complicated with some pharyngeal inflammation, and the chill, fever and prostration that so commonly attend and follow such attacks, I should have put them to a very unnecessary inconvenience, expense and delay to have diagnosed and treated them as scarlatina under the present exacting regime—and justly so—of this State, for the comparative lightness of the attacks should in no sense exempt them from all the hygienic attention of the more violent forms of the disease.

But was the disease cited scarlatina? There was neither "rash nor canker," and the temperature arose

only 1° above normal. On the 4th day the patient was very much better. At the 9th day, after having taken cold, and the fever was high, the pulse was only 85, about normal for a boy of eleven years. There was œdema about the eyes, and the urine was loaded with albumen. But the former may follow a severe and acute cold, and the latter an inflammation of a limited extent of the respiratory mucous tissue, which had occurred in this case, and especially in an inflammatory condition of the kidney, which the pain in the right lumbar region of the patient renders probable is albumen present.

This review of the case cited impresses me that it was not scarlatina; and I am led to make this criticism for the reasons before suggested in regard to the management of patients who are suffering from that disease, as well as to avoid the unnecessary restrictions and obstructions that should be enforced where an incorrect diagnosis has been made, besides the unfounded assurance that might be given to those whom the physician had mistakenly supposed to have had the disease of a comparative immunity from scarlatina.

EMPHYEMA AND PULMONARY ABSCESS.

BY

C. A. WALTERS, M.D.

Brooklyn, N. Y.

On April 19, 1883, I was called to W. H. L., aged 53, who had been "given up" by two old school physicians. They had informed him that he would not live another week as he was now in the last stage of *gangrene of the lungs*.

The history of the case was as follows: Five weeks before my visit, he was taken suddenly with a severe and prolonged chill followed immediately after by a number of others that were of shorter duration. These were followed by high fever, severe, sharp, stitching pains in the right side of the

chest aggravated by the slightest motion, frequent short hacking cough without any expectoration during the first 24 hours, but on the second or third day expectoration scanty and blood streaked. The sharp, stitching pains continued for one week, more or less severe, in spite of all the "latest and most scientific" treatment his family physician gave him. The "scientific" treatment consisted of packing the patient in a wet sheet for forty-eight hours and prescribing opium to quiet the pain.

At the end of a week's treatment the pain and expectoration was much less, but at this period he commenced to complain of a heavy pressure in the right side of the chest impeding respiration. The fever had not diminished; on the contrary, it had steadily increased. On trying to take a deep inspiration, he felt a sensation as if water were being drawn up on his right side from the liver to the "arm-pit," and during expiration he could feel it rush down again. So marked did this condition become that the "latest and most scientific" treatment was advised, *i.e.*, a fly blister covering the greater portion of the right side of the chest. From this time on he had gradually got weaker and steadily worse until yesterday when his physician had demanded counsel, and as a result of the consultation, they had informed him that he had Gangrene of the Lungs.

When I took charge, he presented the following symptoms, arranged according to their prominence at the time: Great oppression of breathing, constant cough day and night, preventing him from sleeping; with each cough he expectorates a large mouthful of gray and greenish pus, having the most horrible odor. Fetor of the breath so great that the patient is disgusted himself.

Quantity of expectoration, *four pints every 24 hours*; tastes very salty. Chills alternating with flashes of heat. Profuse perspiration night and morning; intense thirst; cannot lie on the left side on account of the cough

being aggravated thereby. Wants to be fanned most of the time. Constipation with horrible odor of the stool. Appetite good. Pulse, 116; temperature, $102\frac{5}{8}^{\circ}$ F.

Physical examination revealed dullness over the entire middle and lower lobes of the right lung. Tympanitic sound over the lateral portion of the right side of the thorax with marked immobility. Cavernous sound over an area in the right lung from the nipple and upward obliquely toward the sternum, embracing a space of about five square inches. Bronchial respiration of the right side with moist bronchial râles. I was prevented from making a thorough examination at this visit on account of the extreme sensitiveness of the parts caused by the aforesaid fly blister.

Diagnosis: Empyema.

Treatment: Hepar Sulph. 3d trit every hour, and Carbo veg. 3d 3 times per day. Local treatment: Calendula Glycerole.

April 20th.—He feels better, and most all his symptoms have slightly improved. Pulse, 108; temp., 101° .

R. Same as yesterday.

April 21st.—Feels much better in every way.

R. Hepar 3 every 3 hours, and Carbo. veg. 3 times per day.

April 22d.—The expectoration has not diminished any since beginning of treatment. Bowels have moved regular in the last 2 days, and he does not now want to be fanned. Complains of great thirst every few minutes, but a mouthful satisfies him. Urine is very scanty with burning and smarting. He feels very weak.

Pulse, 109; temp., $100\frac{1}{2}^{\circ}$ F.

R. Hepar, 30, every 2 hours, and Ars. 4 times per day.

April 23d.—Had a poor night; he coughed and raised all night, and the expectoration is making his throat sore. Thirst is not so great, and he passed more urine; otherwise there has been no improvement. Wants to be fanned all time. Constipation has returned. The odor from expectoration, stool and other excreta are

simply horrible. Complains very much of the salty expectoration; compares the taste to brine. Pulse, 114; tempt., 101½°.

Lycopodium 3x every 2 hours, and *Carbo. veg.* 24, 3 times a day.

April 24th.—Passed a better night and he feels better. Did not cough so very much. Bowels moved this morning. Pulse, 100; temp., 100¼°.

Lyc. 10 every 2 hours. *Carbo. v.* 200 night and morning.

April 25.—Better in every way, getting more strength; coughs less, still the expectoration does not diminish; has had more chilly sensations than before; appetite remains very good; bowels regular; thirst not so great; pulse, 102; temp., 99°½ F.; *Lyc.* 200 every hours and *Carbo v.* 200 night and morning.

April 26.—Improving in everything except the quantity and salty taste of the expectoration. Dullness in the middle lobe is clearing up; pulse, 98; temp., 99°.

April 29.—He has been improving in all symptoms except the quantity and odor of the expectoration. The profuseness of the expectoration makes me think of *Stannum*, and yet I am convinced the *Stannum* expectoration is of a sweetish taste, not salty; still it may reduce it. Pulse, 96; temp., 99°; *Stannum*, 3x every three hours and *Lycopodium*, 30, 4 times per day.

April 30.—No change for better or worse.

May 1.—Commenced to vomit one hour after I had left him yesterday and has kept it up at intervals of half an hour ever since; expectoration has not diminished; compares it to "pea-soup;" constant nausea; throat very sore; pulse, 112; temp., 100½°; *creasote*, 2 every 2 hours and *Lyc.* 200 3 times per day.

May 2.—Says something must be done to stop that "infernal cough." He is afraid that there will be nothing left of him. Four pints a day is too much to expectorate. Vomiting and nausea has stopped. Still complains of the salty taste and is sure that it

is the salt in the expectoration which keeps his throat sore; profuse perspiration about the head; no further improvement of the dullness in the right lung; bronchial respiration is still very marked; he complains of the soreness in right lung very much. This soreness is confined to a region around the right nipple extending about an inch and a half in every direction from this point, and says that he can feel all the expectoration coming from this spot. Aching in the nape of the neck extending up through the occiput to the vertex. Constipation with horrible odor of the stool, and the stool is so slow in being expelled that he must strain so hard that it brings on the headache. Sometimes he must pick the stool from the rectum for fear it will slip back again. Appetite is poor, but that does not worry him, for he can bring that back at any time by eating a little salt cod fish. Pulse, 114; temp., 101°; *Silicea*, 30 every 2 hours and *Lyc.* 200 3 times per day.

May 3.—He feels much better and for the first time since commencing treatment the expectoration has diminished. He expectorated only three pints in the last 24 hours, and it does not taste or smell so bad as it did all along. Bowels moved this morning; pulse, 96; temp., 99°. From this time on up to and including May 25 he reported improvement so that on the latter date the expectoration was only 2 pints every 24 hours. The same remedies were continued during this time, the only change being in the potency of the drugs.

May 26.—Complains of hot flashes on wakening from sleep. Suffocating sensation after each sleep, he has to loosen everything about his neck in order to get air and cannot bear the slightest touch about the neck. Commenced with diarrhoea early this morning, which, however, has lost none of its striking odor. This diarrhoea setting in makes him believe that "mortification" has set in, and for this reason he is afraid to go to sleep "for fear he will wake up and

find himself dead." Pulse, 98; temp., 100°.

Silicea, 200 every 3 hours, and Lach., 30, 4 times per day.

May 27.—Diarrhœa stopped after the first dose of Lachesis. The suffocating sensation is better and he did not have the flashes of heat this morning.

Cough and expectoration no better than yesterday. Pulse, 92; temp., 98½°.

May 28.—Cough is no better, expectoration, however, has become more thick in consistency and the grayish color is missing this morning. Still complains of that sore spot around the right nipple cough is brought on by lying on the left side. Pulse, 92; temp., 98½°. Sil., 200, and Lach., 200 4 times a day.

May 29.—No better. Symptoms the same as yesterday. Bowels regular, but the stools are long and narrow like a dog's, and still retain their striking odor. Dullness in right lung has not cleared up much since taking Silicea 200, I therefore came to the conclusion that I would try a low potency of it.

Silicea, 3 every 2 hours and Phos. 4x trit 4 times per day.

May 30.—Says that the Phosphorus stopped the cough after taking the first dose and wants the same medicine renewed. He feels chilly very often, but does not mind that, because he feels himself getting stronger. Does not want any change made in the medicine, therefore does not see the reason of my asking him so many questions.

Pulse, 102; tem. 101°.

Sil. 3 every 2 hours, and Phos. 4, 4 times per day.

May 31.—Does not feel so well, had a poor night; heavy weight sensation on his sternum all night, expectorated about 2 pints in last 24 hours; chills, alternating with heat; stools regular and not quite so offensive; dullness in right lung has almost disappeared and the respiratory murmur can now be heard distinctly. Pulse, 108; temp., 100½°; Sil. 30

every 2 hours, and Phos. 30 4 times per day.

June 1.—Says that yesterday's medicine made him worse, and that in one of his coughing paroxysms he felt and heard something snap in the sore spot round the right nipple and immediately he was almost suffocated with the most foul-smelling discharge that he ever smelled; it more than filled a pint vessel; he compares it to "pea-soup;" whenever he stoops he feels the discharge running from the sore spot into the throat, without any effort on his part; hence whenever he finds the cough coming on, he simply stoops and allows the "pea-soup" to escape and then the cough stops; chills more marked.

Suspecting that I had pulmonary abscess to deal with, I placed him on nascent phenic acid, 10 drops a dose, in tablespoonful of glycerine, a dose every three hours; his urine being scanty and feet œdematous with great thirst and prostration, I also gave him Ars. 2 x. a powder, night and morning.

June 2.—Much better; he expectorated only about a pint; no cough, owing to his preventing it by stooping down each time he felt it coming on and allowing the "pea-soup" to run out; felt chilly all day yesterday; œdema of the feet much better and he passed about a quart of urine during the night.

Pulse, 108; temp., 100°.

June 4.—Does not feel so well; expectoration again tastes very salty; bowels regular. Pulse, 109; temp., 100°; phenic acid and Lycopod. 30 3 times per day.

June 5.—Expectoration increased and he feels discouraged; chills trouble him very often and he gets a flush on his cheeks 5 or 6 times a day; profuse night sweats and continual cough day and night; complains very much about that "sore spot" in the lung. Pulse, 112; temp., 101°. He will not give his consent to hyperdermic injections of phenic acid.

Phenic acid 20 drops a dose.

June 6.—Much better in every way; he passed a good night and wants no change made in the treatment.

June 8.—Been steadily improving since my last visit on the 6th. Pulse, 94; temp., 99°.

June 10.—Says if he keeps on like this he will be well in 10 days; feels chilly only 2 or 3 times per day and then not anything worth speaking of. Pulse, 86; temp., 98½°.

June 12.—He feels much worse; yesterday he expectorated a little more and the bad odor has returned; to-day he has been coughing and raising almost as much as when I took charge of the case; chilly all the time, alternating with hot flashes; perspires much and the perspiration stains his under-clothing. Temp. 99½°; pulse, 108.

Phenic acid and Hepar 200 3 times per day.

June 13.—Patient greeted me very emphatically with, "Here I am, just as bad as the day you took charge, and I am getting steadily worse. I expectorated over four pints of that pea-soup since you were here yesterday, and now something has got to be done. You never ought to have taken me off those powders that helped me so much." By "those powders" he meant Silicea, 30; pulse, 118; temp., 101°. I could not find any Silicea symptoms further than purulent expectoration, but as I knew there would no harm result I concluded to humor him a little and give him Silicea in addition to the remedy indicated, which I found to be Arsenicum.

Ars. 3 x., and Sil. 30 every 2 hours alternately.

June 14.—He feels better and rejoices much that he was right yesterday in calling for the Silicea, says the remedy is cleaning out all the "corruption," in proof of which he shows me a pint of bloody ichor which he has raised during the night; neither does the expectoration improve in its odor; quantity, 4 pints in last 24 hours; he can now stop

his cough again by stooping down and allowing the cavity to empty itself; still feels chilly, but complains most about the salty taste of the expectoration.

Pulse, 94; temp., 98.°/10°.

Lycopodium, 200, and Sil. 30.

June 16.—He feels better, but the expectoration has not decreased; gaining in strength, sleep good, perspiration the same, bowels regular.

Pulse, 90; temp., normal.

June 20.—No change in the quantity of the expectoration; if anything it has increased a little, so that it now amounts to over 4 pints in 24 hours; he wants to know what I gave him to stop that salty taste, because it has disappeared entirely and now it is just the reverse, *i. e.* :—sweetish; thick and greenish in color; complains of a weak, empty feeling in the chest, so that he can hardly talk at times; does not cough so often, but once in a while he coughs so hard that a small ball of expectoration will fly half way across the room before he can help himself; also complains very much of the soreness of the cavity in the lung; profuse perspiration, bowels regular. Pulse, 92; temp., 98¾°. Although I had given him stannum on April 29th and 30th without benefit, still I thought that his symptoms called for stannum so strongly that I concluded to give it again.

Stannum 3 x., a powder every 3 hours, and as soon as improvement sets in, then only one every 5 hours.

June 23.—Patient is all smiles, and informs me that after the first powder he never coughed or raised a mouthful of expectoration; slept good for the last 3 nights; appetite good, bowels regular, no fever, no perspiration, and in fact, feels all right; says that he means to cross the Brooklyn bridge next week. Only one thing worries him now, and that is, he is afraid that the expectoration has been stopped too quickly, and that as a result, blood poisoning will set in.

Stannum 3 x., night and morning.

July 1.—All right in every way. No

expectoration, no cough, and been steadily improving since my last visit ; pulse, 80 ; temp., $98\frac{1}{2}^{\circ}$

July 7.—Slight symptoms of pyæmia are cropping out, such as aching in the knee-joints, with dark purple blotches, the size of a silver dollar, in different parts of the body, but more especially about the knees ; these blotches appear, disappear and reappear every 2 or 3 hours ; has some fever.

Pulse, 86 ; temp., $99\frac{3}{4}^{\circ}$.

Rhus Radicans.

July 10.—All right ; no symptoms at all ; wants to be discharged. *Amen !*

Sept. 1.—Heard from one of his relatives that the patient has been attending to his business for the past five weeks.

AN EXPERIMENTAL RESEARCH ON THE UTERO-PLACENTAL CIRCULATION. — Nineteen experiments were made with ultramarine blue. In each instance the blue, which had been introduced into the circulation, was found widely distributed in the maternal organs. The total number of fœtuses obtained from these animals was sixty-one. Of these, forty-six gave positive results, *i. e.*, the fœtal tissues were impregnated with blue granules in varying quantities. Only fifteen of these fœtuses gave negative results.

Of the placenta only fifteen were examined, thirteen of these showing blue granules, the remaining two giving negative results.

Of the thirteen umbilical cords examined, eight gave positive and five negative evidence. I regret that, owing to circumstances beyond my control, the remainder of the cords and placenta were not examined.

It is also seen that ten experiments were made with septic poisonings with the object to study the transition of bacteria from the mother to the fœtus. The maternal tissues were in every case impregnated with bacteria. Of the thirty-nine fœtuses

examined, in every one identical bacteria were discovered. Eight of the placenta gave positive results, as well as seven of the umbilical cords examined.

The control experiments, two in number, made with the object to determine whether or not the bacteria were of an accidental occurrence, gave negative evidence. It is true that putrefactive bacteria do occur in animals after the lapse of a certain time after death, and this I observed in the blood from the heart of the animal which was examined eighteen hours after death. But even here the fœtuses were free of them. Moreover, it can be seen from my experiments that the examinations were made immediately after death, or within a few hours, and that only bacteria pertaining to septicaemia (micrococci) were seen, and not the organisms of putrefaction, which are dumb-bell-shaped and rod-like. The few negative results are certainly of no significance in contrast with the many positive observations, especially in view of the difficulties in making the examinations.

The observation in the human being, which I had the exceptional opportunity to make, I regard as of still greater importance than all the experiments combined. As elsewhere described, I have observed that the bacteridian disease of the mother is transmitted to the fœtus. The examination of the fœtus, which was removed by Cæsarean section, was made one hour after the death of the mother. In this case, also, the bacteria in the blood and tissues of the fœtus could surely not be accidental.

* * * * *

I think that Cohnheim's theory of the migration of white blood-corpuscles, which has lately been proven by himself to be a mere passive process of filtration through the blood-vessel walls, is a fair analogy to what we may find in the transmission of solid particles through the attenuated utero-placental walls.

British Medical Times.

CORRESPONDENCE.

The Potency Question.

Dr. Geo. W. Winterburn,

DEAR SIR :—Your reference to my remarks at the recent meeting of the State Society, on page 263, bearing on my strictures on the use of high potencies, calls for a rejoinder.

Let me assure you, in the first place, that I have never attempted or intended the least rudeness or personality. I expressed myself freely and feelingly because convinced of the incalculable harm to homœopathy from high potency practice. It so happened that you were the first to have the temerity to make a spectacle of our school in this respect at that meeting,* hence my remarks, while apparently directed at you, were intended for all who persist in reporting instances of high potency practice as veritable homœopathic cures.

I am pleased to be recognized as an active, vigorous and uncompromising opponent of the absurd assumption of the homœopathic action of high potencies. So long as you and others continue to disgrace our school in the eyes of the whole medical profession by such irrational practice, just so long you will merit and I hope receive the severest censure and just criticism of the great body of medical men, including a large proportion of the homœopathic school.

Whenever you and others of the high potency party report cures by high potencies as *homœopathic*, you do so in direct violation of the enlightened experience of the great body of the homœopathic school. The time is past when this unphilosophical method can be palmed off unchallenged under the guise of homœopathy. The time is fully come for the termination of this farcical performance. We propose to trifle with and ignore this absurd and singular form of medical transcendentalism in our school *no longer*. Our gullibility

is unequal to the required strain. You need not therefore, be surprised or feel annoyed by efforts, not intended in the slightest degree to be personal, but wholly directed to the removal of this greatest of all defects with which homœopathy is so handicapped.

I am indeed, earnestly endeavoring to do what I can in aid of the movement to break the shackles which bind homœopathy to high potency practice. I am not alone in this matter. There are many in our school who view the question as one of time, and I hope only a short time.

I read in to-day's *Tribune* (Oct. 5) the editorial remarks on the semi-centennial of the National Anti-Slavery Society. The congratulations which these old-timers bestowed on themselves sprang from a consciousness of a duty to humanity and a service to their country honestly and satisfactorily performed. "If they had more than a quarter of a century of discouragement, weariness and persecution for conscience's sake, they had the satisfaction at last to see the consummation of their hopes, and now for twenty years have enjoyed the contemplation of results more glorious than the most visionary among them had ever dared to hope."

I well remember some of the lively scenes enacted forty-five and even fifty years ago in connection with the anti-slavery movement, members of our own family having severely suffered from mob violence, barely escaping without personal injury. We were then confident *right and truth* would prevail, *and they have*. The results have clearly "justified the position taken by the early anti-slavery agitators, that between freedom and slavery there could be no lasting compromise or adjustment."

In like manner those who are now earnestly endeavoring to eliminate this singular vagary from homœopathic tenets, are prompted by experimental knowledge of the fact that, from a homœopathic point of view, high potency practice is *absolutely false*, therefore must of necessity be

* This refers to the use of *Lillium tigrinum* in the 12th, 15th, and 30th potencies.—G. W. W.

effectually and permanently removed out of the way. Being a constant bar to the progress and general acceptance of homœopathic *truth*, it must not be allowed to remain undisturbed; it must be *excised* root and branch. There can be no "no lasting compromise or adjustment" with it that will prove of the least benefit to the homœopathic school.

We are confident the time is not distant when we will look back with amazement and regret, that the members of our school ever tolerated an element of such ridiculously unphilosophical and irrational features.

H. M. PAINE.

Albany, N. Y., Oct. 1883.

The Vaccination Question.

DEAR DOCTOR WINTERBURN:

Many of your readers will be pleased to notice that you have opened the columns of your journal to the discussion of vaccination. May I venture to contribute a few facts bearing upon the controversy, in the hope that these may induce others to investigate what one of our distinguished physicians, Dr. Andrew Clark, of London, pronounced at Steinway Hall a short time ago to be "one of the most important questions now engaging the attention of thoughtful minds." Vaccination was claimed by Jenner to afford immunity against small pox for life, and a credulous Parliament, at the instigation of certain royal personages, believing, or pretending to believe, this promise (for demonstration was impossible) voted Jenner an award of £30,000! Faith in that which Jenner claimed is now abandoned, even by the most ardent vaccinators. The advocates of vaccination have never been able to show that the operation has reduced the death-rate in the general mortality from all causes, and it is remarkable that epidemic years, both of small-pox and cholera, are usually years of a diminished mortality. The small-pox hospital returns show that

from 75 to 100 per cent. of all who are attacked by small pox have received the protective vaccine inoculation. Mr. Marson, the Medical Director of the Highgate Small-pox Hospital, reported that in 1871 of 950 cases, 870 had been vaccinated. *The Lancet* for August 27, 1881, furnishes the following particulars of the 43 cases treated for small-pox at the Bromley Hospital between April 25th and June 29, 1881: "Of confluent small-pox there were 16 cases, of discrete, 14, of modified, 13. All the cases had been vaccinated—three revaccinated; two of the confluent cases died." Wherein, then, is the advantage conferred by the operation? That vaccination does not mitigate small-pox is also proved by the returns of the small-pox hospitals, the average mortality to cases being now admittedly as high as pertained previous to the Jennerian era, viz., about 18 per cent. That vaccination is a hazardous operation is now allowed by the leading press of the day. Commenting upon the death of 4 and serious injury to 5 children, resulting from vaccination at Norwich, June, 1882, *The Times* says: "There can be no doubt that vaccination has been the channel for the communication of disease of a very grave character." The *St. James's Gazette* declares that "what happened at Norwich has been happening in a greater or less degree for years." The *Methodist Recorder* says, "In the presence of such facts, compulsory vaccination cannot be defended." How terribly destructive to human life this vaccination has proved to be, may be learned by referring to Parliamentary returns No. 433, dated 1877, entitled *Vaccination Mortality*, and No. 392, Session 2, 1880, entitled *Infant Mortality*, where it will be seen how children are yearly being vaccinated into their graves.

I am, yours faithfully,

WILLIAM TEBB, F.R.G.S.,

7 Albert Road Regent's Park,

London.

THE
AMERICAN HOMŒOPATH.

*A Monthly Journal of Medical, Surgical
and Sanitary Science.*

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Our columns will always be open to a courteous and fair discussion of all subjects connected with our practice, as much as our space allows; but we do not hold ourselves responsible for the opinions of our contributors, *unless indorsed in our editorials.*

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EDITORIAL.

Breed is stronger than pasture.—
GEORGE ELIOT.

The readers of the AMERICAN HOMŒOPATH will learn with regret of the death of its old editor. Dr. Blumenthal had passed through a varied and eventful life, which was prolonged much beyond the usual span. Reared for the priesthood, he had served in the army, became a lawyer, a preacher, a college professor, a doctor of medicine, an author, and an editor in turn; and in all displayed marked ability. Up to the very last he maintained a marked interest in affairs, and only a few days before his death planned out an article which he proposed to write. As one of the pioneers of Homœopathy in New York, he did much to make it respected and give it the impetus of success. Like all strong natures, he had many ene-

mies, but even his opponents respected him for the vigorous and manly courage he displayed, and he was one who would have made his influence felt in any community in which it might have been placed.

* * *

A chance remark in the report of the meeting of the State Society, at Ithaca, last month, gives Dr. Paine, of Albany, an excuse for ventilating his oft-repeated assertions as to potency. Rather than seem ungracious or prejudiced, we cheerfully print what he has to say, although we prefer something new. Dr. Paine has an undoubted right to his opinions, and to make them public whenever he can find an editor amiable enough to print them. We must confess ourselves, however, to be a little weary of the vociferous reiteration that my 'doxy is orthodoxy and your 'doxy is heterodoxy. It savors too much of the fanaticism of the priesthood. We do also most respectfully and decidedly object to being classed by Dr. Paine among the "high-flyers." No, doctor, we may step out pretty lively, but we touch ground every time! We accord the widest latitude to all who differ from us, and feel a gentle compassion for that man who is unable to believe there is anything beyond his horizon; to whom the odor of the rose is a myth because he cannot see it through his microscope, and who denies the existence of a virtue that cannot be demonstrated by spectrum analysis.

* * *

OLIVER WENDELL HOLMES comes to the defense of the dissecting room. In the course of a speech, delivered at Harvard Medical School, at the recent celebration of its one-hun-

dredth anniversary, he replied to some of the strictures of Governor Butler. The report of the speech is interlarded with [shouts of laughter] and [great laughter], and other reportorial evidences of the approval of the audience. Among other things Dr. Holmes said :

"It is easy always to excite the odium of the ignorant against dissection, but in view of its great value to mankind, the intelligent should always defend it against appeals to ignorance and passion, especially such as lead to well-grounded apprehensions of noonday mobs and midnight incendiaries. Let us remember that for every lifeless body dissected at the Harvard Medical School, hundreds, if not thousands, have been saved from extreme anguish, and many from premature death, as a result of that dissection."

This is poetic license with a vengeance. The theory of dissection is very satisfactory, but the rotten remains found on the dissecting-tables are far from being so. The dissection of healthy bodies would indeed give correct ideas of normal anatomy ; but we doubt if in actual practice one student in fifty learns anything of more importance in the dissecting-room than to control his stomach in the midst of stench. This is good ; but one rank subject might do this much for an entire class. We are of the opinion, formed after nearly twenty years of observation, that two or three healthy bodies (traumatic deaths, etc.), carefully dissected before a class by a skillful demonstrator, would teach far more of useful knowledge, than the wholesale hacking and carving now perpetrated in the name of practical anatomy. The number of bodies thus destroyed annually in New York and other medical centers

is immense, but the painstaking questioning of scores of students has failed to show any proportionate benefit accruing therefrom.

OBITUARY.

CHARLES E. BLUMENTHAL, M. D., LL. D.—Dr. Blumenthal, until lately the editor of the *AMERICAN HOMŒOPATH*, died at his residence, No. 54 West Forty-fifth street, on Thursday evening, October 11. Dr. Blumenthal was born in Hamburg, Germany, about eighty years ago, but the exact date is not known. It was a point upon which he was very sensitive, as he desired to be thought much younger than he was. His father was a Russian, but his mother's family were Scotch. He received his education in the Lyons (France) Gymnasium, and earned his doctorate at Berlin. His uncle, Gen. Blumenthal, was a distinguished officer in the French army. Dr. Blumenthal had been trained by the Jesuits, and was intended for the church ; and the reverend fathers predicted that he would reach distinction either as a priest or as a heretic. He left Germany for political reasons, and entered the service of one of the governments of Central America, where he served as captain. Later he removed to Charleston, S. C., and began practice as a physician of the old school. In 1848 he was elected to the Professorship of Oriental and Modern Languages in Dickinson College, Carlisle. He was familiar with Hebrew, Arabic, and Sanskrit, and with many modern languages. He preached for some time while at Carlisle, to a Lutheran congregation, in the Methodist church, to which he belonged, and was also admitted to the bar as a lawyer. He translated "The Life of Christ," by Naeder, and also a "History of the Christian Church," by Dr. Hase. He was also the author of a popular work on theology, and contributed to various periodicals. He established himself in New York twenty-five years

ago as a homœopathic physician, and soon obtained an extensive practice and formed a large circle of acquaintances. He was a member of the New York County Homœopathic Society, of which he had been president. In 1878 he was elected a member of the New York State Homœopathic Society. He held a high position in the order of the Knights Templar of Pennsylvania, having received the eighteenth degree in the Scottish rite. He was a past commander of the Mary Commandery of Philadelphia, a delegation of whose members came on to the funeral. He attended the All Souls' Protestant Episcopal Church, and also had a pew in Grace Chapel. The funeral services were held at the house, on Sunday afternoon, Oct. 14, and the body was subsequently taken to Washington, Pa., for cremation. The body was laid out in an upper room, arrayed in the full dress of a Knight Templar, the white-plumed chapeau resting upon his left breast. The Episcopal burial service was read by Rev. A. B. Carter, D. D., of Grace Chapel. There was no address made. The house was crowded to overflowing with members of the medical profession and of the Masonic order, beside a large number of personal friends and old patients.

Dr. Blumenthal was a firm advocate of cremation, and was a charter member of the New York Cremation Society. After cremation the ashes were taken to Carlisle, Pa., and buried in the country cemetery, by the side of the grave of his first wife.

MEDICAL LEGISLATION.

The Committee on Legislation, of the American Institute of Homœopathy, for the current year, is constituted as follows; John C. Morgan, Philadelphia, Chairman. J. H. Gallinger, New Hampshire, F. W. Halsey, Vermont, H. E. Spaulding, Massachusetts, J. C. Budlong, Rhode Island, C. S. Hoag, Connecticut, T. L.

Brown, New York, Clarence W. Butler, New Jersey, Hugh Pitcairn, Pennsylvania, William Owens, Ohio, A. I. Sawyer, Michigan, Moses T. Runnels, Indiana, George F. Roberts, Illinois, Lewis Sherman, Wisconsin, Arthur A. Camp, Minnesota, R. F. Baker, Iowa, Philo G. Valentine, Missouri, Charles M. Dinsmoor, Nebraska, Ambrose S. Everett, Colorado, Tullio S. Verdi, District of Columbia, C. H. Lawton, Delaware, Elias C. Price, Maryland, J. V. Hobson, Virginia, Morgan J. Rhees, West Virginia, H. M. Cleckley, South Carolina, Frank H. Orme, Georgia, H. R. Stout, Florida, William L. Breyfogle, Kentucky, Lucius D. Morse, Tennessee, Wm. J. Murrell, Alabama, E. A. Murphy, Louisiana, L. S. Ordway, Arkansas, C. E. Fisher, Texas, C. B. Currier, California.

Many of these have already distinguished themselves by energetic efforts to secure the rights of our school under State and national governments. Their membership in this committee forms both a guarantee of vigorous work, and an encouragement to all to make sure, each of his own field, that our aggregate force may prove irresistible in the forty-eighth Congress; the object of our work being still, as heretofore, the enactment of a law securing our equal rights in the United States medical service, civil, military, and naval, from which we are now excluded.

The plan of campaign now most approved, and which will be adhered to for the present, is to separately organize the physicians and laity of each and every Congressional district of the United States, so as to bring all possible influence to bear directly, by written or printed petitions, letters, resolutions, etc., upon the member-elect in the said district. The most important of all influences is the political. In every district live the men who make and unmake Congressmen; these, above all, must and can be rallied to our support. They, in turn, are usually under obligation to certain citizens (sometimes to the physicians themselves), and these cit-

izens must be induced to exert themselves to accomplish the purpose. Not unfrequently, the member himself is a patron of homœopathy ; and either on his own account or on that of his wife and family, a staunch supporter of our cause. We need, however, more than support, in Congress ; we must have engineering and championship—earnest, acute, persistent. Who shall be our champion ?

In other instances one of our physicians may happen to be the chairman, or at least an influential member of a political committee. All these are levers which, in season and out of season, directly and indirectly, the district managers must employ, during vacation, and also during the season, to insure our success.

Much will finally depend upon the coöperation of our friends in Washington, during the session of next winter ; but the result is infinitely more to be determined during the vacation of Congress by the immediate neighbors and constituents of members. If their support is not *now* secured it may never be, for the ruts of Congressional routine and the inertia of official and social life at the capitol, as well as its ancient conservatism in all matters of human progress, soon wear out enthusiasm at best, and never suffer it to be kindled during the term, where it has not previously been lighted. Therefore, *now* is the time to secure the pledge of every member ; and thenceforth, by every means, he must be kept in mind of it continually, until our bill has passed both Houses, and been signed by the President. Senators are to be secured in each State by like influences ; and the Executive as well. "Political punishment," for indifference or hostility to our just claims, let us hope, will not be needed in any case ; but when needed it should be unsparing ; and to those true men who sustain our cause a corresponding return of support is due, one may well say, regardless of party affiliations, at this juncture.

The newspaper press is an essential

agency. Every local editor, however large or small his paper, should be fully informed in the premises, and his enthusiasm maintained to the end. Statistics are here very important, particularly those relating to the taxes paid by homœopaths, the public recognition of our school in various quarters, State and other ; and those showing the practicability of appointment of surgeons of our school ; the fact that no jar whatever need follow their entry into service. It is well known that during the civil war many such proved valuable and efficient officers, who service not only saved numerous lives but failed to create any inconvenience. The small number who might now enter could easily be assigned to duty where most wanted, without duplicating the surgeons or the drug supplies at any one post ; and it might as well be understood that all homœopathic drugs proper can, if need be, be easily furnished at the private expense of the surgeon himself, as was done during the late war in various instances ; or again, from the "hospital fund," *i. e.*, the savings of sick men's rations. Either plan is practicable. Further information may be obtained of the Chairman if required.

Dr. Tullio S. Verdi, of Washington, D. C., for years the vigorous Chairman of this Committee, will conduct the work at the capital ; and the present Chairman, after consultation with him, desires to adopt his emphatic and urgent suggestion that we must beware of present failure, which he believes would cripple our efforts for years to come ; and that we must summon public opinion to demonstrate beyond peradventure its approval of, and demand for, our equal recognition in government appointments. The time is fortunate ; the Civil Service Reform bill, now a living law, has established the principle of equal rights for all ; and it only remains to make the obvious application to physicians, as equal citizens, and to do it with irresistible force, so that neither the Executive, the Senate, nor the House

of Representatives will for a moment gainsay or evade it.

Finally, our young men should be urged to a personal test, by duly preparing themselves, and by formal application for examination and appointment. All required information will be cheerfully furnished by the Chairman, and the force of the American Institute of Homœopathy shall be applied to secure justice in such case.

The following is the text of the joint resolution presented and referred in both Houses of Congress, a year ago, and now in the hands of the Senate Committee on Military Affairs (Senate Resolution, No. 96, 1882).

"JOINT RESOLUTION, relative to schools of medical practice in the United States, and to the graduates thereof.

"*Resolved*, by the Senate and House of Representatives of the United States of America, in Congress assembled, That it shall be a misdemeanor, punishable by a fine of five hundred dollars and dismissal from office, for any officer of the United States government, civil, military or naval, to make discriminations in favor of or against any school of medical practice, or its legal diplomas, or its duly and legally graduated members, in the examination and appointment of candidates to medical service in any of the departments of the government.

"SECTION 2. That all such examinations shall be open to the attendance and witness of all physicians, citizens of the United States; and that duly certified copies of the complete records of all the details of said examination shall be placed on file in the office of the Librarian of Congress, subject to the inspection and use of members of Congress."

The Senate Military Committee is composed of Hons. John A. Logan, of Illinois, Chairman; J. Donald Cameron, of Pennsylvania; Benjamin Harrison, of Indiana; William J. Sewell, of New Jersey; Joseph R. Hawley, of Connecticut; Francis M. Cockrell, of Missouri; Samuel B.

Maxey, of Texas; La Fayette Grover, of Oregon, Wade Hampton, of South Carolina.

Members of committees having charge of our bill, in both Houses, should receive particular attention, as the fate of the measure is largely in their hands, and dependent upon their recommendations.

ABSTRACTS,

PRESERVATIVE VAPORS.—Mention is made in *The Lancet* of two small specimens of lungs, recently exhibited by a well-known physician, which had been kept in chloroform vapor, untouched, in their respective bottles, for thirty-five years, and were well preserved. An illustration of the preservative power of ammonia vapor is also cited, namely, a specimen of blood which had been drawn from a sheep's neck in April, 1862, and kept in a well-corked bottle ever since, and being still perfectly fresh and fluid. It is found that structures containing much fat become saponified unless chloroform is mixed with ammonia, and that, when it is desirable to retain the color of the blood, the addition to the chloroform of coal gas, which contains sufficient carbonic oxide for the purpose, is entirely successful.

CHOKED BY A TOOTH.—In the current number of *The Dental Record*, Mr. N. Miller records with praiseworthy candor a fatal accident that occurred in his own practice. A strong healthy boy of between eleven and twelve years of age was brought to him for the extraction of several temporary teeth which were obstructing the regular eruption of the permanent ones. The father of the lad requested that he might have nitrous oxide gas. The boy took the gas freely and became unconscious in from fifteen to twenty seconds, and seven temporary teeth were then extracted, the last being a left lower molar. "Towards the latter stage of

the operation the gag slipped, and the mouth closed ; the patient became partly conscious, assuming a natural color, when he took a deep inspiration, immediately after which he exhibited symptoms of asphyxia, and, raising his hand to his neck, he attempted to tear away his garments, though they were loose." Mr. Miller placed the patient's head across his knee, gave him some sharp slaps on the back, and told him to cough ; he then tried to feel the tooth, but could not. Leaving the boy with his father and an assistant, Mr. Miller went for a medical man, and returned in about seven minutes to find the boy dead. Tracheotomy was at once performed, but without avail. At the necropsy the missing lower molar was found firmly fixed in the larynx, with the fangs uppermost. This tragic case is full of instruction. In such operations as this appears to have been, there is a great tendency to think only of rapidity, and of getting the teeth extracted before consciousness is regained, and it is very easy to omit precautions which should prevent any such accident as this. An extracted tooth should never be left in the mouth, certainly not in a closed mouth. But apart from this, there is the consideration that had the boy's trachea been opened at once, instead of after seven minutes, his life would in all probability have been saved. The case, therefore, forms a strong argument in favor of the view that dentists should be surgeons first and dentists afterwards.—*London Lancet*.

THE ELECTRIC LIGHT IN SURGERY.—Mention was long since made in our columns of some curious experiments that had been made in Europe in lighting up internal cavities of the body by means of electricity, with a view to enable the physician better to "see into" the case. The method of exploration seems likely to become no novelty in surgery. Apparatus is now being made in Vienna for illuminating the throat, nasal pas-

sages, bladder, and other portions of the inner man. "Letting daylight shine through" a person is an old idea, but this rendering the body transparent and making its hidden recesses visible is a different thing.

Dr. Thomas Oliver, in an English medical journal, refers as follows to his own experience with this application of electricity :—

"Having at the present time a patient in the infirmary who is suffering from hydatid disease of the liver, on whom the operation of abdominal section with incision of the liver had been performed, giving exit to about seven pints and a half of pus—I took advantage of the opportunity, and succeeded in lighting up the interior of the cyst by means of the electric light. For this purpose Mr. Payne devised and constructed a brass tube electro-plated, nine and a half inches in length, and eleven-sixteenths of an inch in diameter externally. One end of this tube was funnel-shaped, and the other was closed by a piece of glass ; down this tube was inserted a narrow cylinder, which carried a Swan's lamp and the electric wires. This tube, with its glazed extremity, was smeared with carbolized-oil, although, in future, I shall use carbolized glycerine for the window of the tube, and, with gentle pressure, I succeeded in passing it through the abdominal incision into the interior of the liver. The lamp was at once lit, and I had the pleasure of observing a grayish red condition of the wall of the cyst, studded across which were numerous yellow-white spots, evidently pus ; a slight oozing, or sweating, was also noticed on the wall of the cavity. The illumination of the interior of the liver by means of the electric light was in every way satisfactory and successful ; and, although it is of little aid in the treatment of the case in question, it has shown us that the lighting up of internal cavities is not only a possibility, but a matter of comparative ease. With the extremely small size of the Swan's lamp required (it is not much

larger than an ordinary bean), which gives light equivalent to that from three candles, and with the improved instruments which Mr. Payne is devising, I see how the electric light might become useful in operations for vesico-vaginal or recto-vaginal fistula, and in certain diseases of the bladder."

—*Boston Jour. Chem.*

CARDIACENTESIS.—The inquiring spirit of the times is well exhibited in the novelty and boldness which characterize the surgical expedients now carried out, or proposed. To reach eminence quickly, the young surgeon must startle. He must explode, so to speak, under the ancient surgical edifice, a cask of dynamite, to awaken the inmates of this conservative institution to a realization of the tremendous revolution going on about them. When these old fellows talk about Sir Astley Cooper trying the abdominal aorta, they are stunned by the intelligence that Billroth removes the larynx, and substitutes a rubber counterfeit, and takes out as much of the stomach as happens to inconvenience the patient. It has not yet been proposed to remove a damaged heart, and substitute a sound bullock's heart; but this operative procedure, as bold as it may appear, is approximated to by the scheme to tap the heart itself, when the venous system is overloaded.

This new operation of cardiacentesis was recently advocated by a New York surgeon. The proposition is to tap the right auricle, and draw off sufficient blood to relieve an overloaded state of the venous system. The reasons, therefore, are conclusive.

"Whatever skeptic could enquire for;
For every WHY he had a wherefore."

The small difficulties in the way of this brilliant operation are of little moment compared with the magnificent *coup de théâtre* of the procedure itself. What matters it if any of the great venous trunks are perforated? It is true, when a needle is inserted

the movements of the heart must widen the orifice made. An inhibiting ganglion might be irritated, with the effect to show the already laboring organ. A motor ganglion might be perforated, suddenly cutting off the nervous force generated by it.

To urge such objections as these is to indicate a woful lack of that progressive spirit exhibited by modern surgery. Such objectors are inveterate old fogies, who must be abandoned to their idols, as incapable of a higher order of surgical achievements. There are physicians, also, who object to tapping the right auricle, on the ground that the venous system may be unloaded by opening a vein in the arm. A physician who entertains such an opinion is simply incapable of appreciating the triumphs of surgery, and may be classed with those surgeons who are so hopelessly conservative as to prefer some trivial operation to a grand *coup*, which, whilst it may end the career of the hapless patient, starts the surgeon on a course of brilliant operative methods. — *Editorial & Med. News.*

A NOVEL LARYNGOSCOPE.—Dr. Thomas Dimock writes as follows to the *Therapeutic Gazette*: "One of the best methods for examining the throat without the aid of the ordinary laryngoscope is the following: Bring the patient near a good light of any kind, and after the mouth has been opened place on the tongue a depressor, then request the patient to yawn. The larynx will immediately rise up and every part to be seen will be brought fully into view. The nose should be held, as this compels breathing through the mouth. Thus the velum pendulum palati is raised, the anterior and posterior pillars become widened, exposing the back of the tonsils and pharynx. The tongue must be pressed downward very gently, as it always resists harsh treatment." The question naturally occurs, Suppose the patient will not yawn?

LITERATURE.

Among the many excellent teachers of medical microscopy probably none have enjoyed so much of personal popularity as Dr. Thomas E. Satterthwaite. Quiet and reserved in manner but genial in disposition ; earnest in search of truth and patient in investigation ; loving good work for the work's sake, and eager to interest others in it, he is held in pleased remembrance by his many students, scattered now in all parts of the world. It is therefore not to be wondered at, that the second edition of his manual on histology* was demanded within a few months after the appearance of the first. The object of the author was to present a text-book broader in scope than the manuals of Rutherford and Schaefer, and more concise than the works of Stricker and Fry ; in other words something adapted to the wants of the enterprising and busy American practitioner. We have already indicated the success which attended his efforts. Of the work of his associates, that of Drs. Wendt and Mayer is the most interesting, but it is all valuable and praiseworthy. The book would have gained much in usefulness if the principal illustrations, instead of being diagrammatic, could have been reproduced by the heliotype process ; but this would possibly have increased its cost unduly.

It is rarely that one reads a medical work with the interest and intentness with which he might peruse a novel ; but Prof. Hammond has written a work† that almost any reader will find difficult to lay aside until he has finished it to the last page. Not that the author is at all sensational, indeed he is both modest and discreet, but he has been able to gather

from his immense storehouse of experience and from his omnivorous research a mass of unusual and peculiar cases which cannot fail to be entertaining and instructive. Prof. Hammond is well-known as a very *readable* author, and his excellences as a writer are amply illustrated in the volume before us. We are greatly pleased with the manliness displayed in discussing these topics, and by the therapeutic, hygienic and moral advice given to patients ; and while in size of dose we should often differ from him, still the prescription of a grain of sulphate of strychnia *ter die* is not particularly heroic medication.

Surgery may be said to be well on the high-road to a position as an exact science, when a prominent disciple of that art is led to say in the preface to a recent work* "that the treatment of a wound involves the treatment not only of the particular breach of continuity, but also of the wounded person as a whole." This is a wide stride in advance of old-time doctrine, and is quite Hahnemannian in its character. The proper treatment of wounds is the basis of surgical procedure ; and a knowledge of the physiology of repair, and of the character of those influences which are likely to disturb it, is essentially a part of the education of a surgeon. Dr. Pilcher devotes about one hundred pages to this matter and his explanations of inflammation, tissue transformation, and defects of local nutrition, and his advice as to wound-cleanliness and wound-disinfection, are worthy of especial mention. The advance made in the knowledge of wound-treatment is picturesquely shown by a quotation from O'Halloran, an excellent and most judicious surgeon, for his time, and whose opinion and practice were in accord with the best of that day, who says,

* *A Manual of Histology*. Edited by Thomas E. Satterthwaite, M. D., and associates. Second edition. 202 Illustrations. 8vo., pp. 490. (New York : William Wood and Company.)

† *Sexual Impotence in the Male*. By William A. Hammond, M. D. 8vo., pp. 274. (New York : Birmingham and Co.)

* *The Treatment of Wounds: Its Principles and Practice, General and Special*. By Lewis S. Pilcher, A. M., M. D. With 116 wood engravings. 8vo., pp. 391. (New York : William Wood and Company.)

replying to the assertion of a French surgeon that flap amputations often adhered within three days, "I would ask the most ignorant tyro in our profession whether he ever saw, or heard even, of a wound, though no more than an incl. long, united in so short a time; these tales are told with more confidence than veracity; healing by inoculation, by the first intention, by immediate coalescence without suppuration is merely chimerical and opposite to the rules of nature." Looking back thus on opinions, thus dogmatically expressed within the lifetime of some of our selves, now proven to be contrary to truth and "the rules of nature," ought we not to learn caution in defining the limits of the possible? The field of controversy has shifted, but human nature remains quite as inclined to ignore truth which abrogates preconceived notions. Ultimate truth, however, has not been attained even in this department, although certain facts and methods seem to be sanctioned by natural law, and in so far form a basis for a perfect system of wound-treatment; and to the elucidation of this our author devotes the main portion of his book.

Narrowing our attention now from the general to the particular we find Prof. Buffum doing excellent work in the surgery of the eye. Dr. Buffum, when he removed from New York, left an excellent reputation as a scientific worker. Judging from the textbook* just received we should say he had lost none of his indefatigable industry, and that he was steadily making for himself a place and a name. This work shows Dr. Buffum as a teacher. He has the ability to state clearly the facts that he is attempting to impress upon the mind of the student. He realizes the necessity of assuming that the learner

knows nothing, and beginning at the foundation of the subject he avoids those hiatuses of knowledge which make the pupil often seem so incomprehensibly stupid. It is a fact of which all good teachers are cognizant that to teach even advanced pupils it is necessary to rehearse the subject from its beginnings, for in this way only can the instructor make sure that the instructed are in possession of all those sequences of knowledge upon which judgment in the particular matter in hand depends. This is what Prof. Buffum essayed to do, and he has done it thoroughly well. The illustrations which are numerous and effective add greatly to the practical usefulness of the book. We can therefore commend it with much satisfaction to the country practitioner who wants to give intelligent advice to his patients when they are suffering from injuries or other disorders of the eyes, as well as to students just entering on systematic study of the subject.

Clifford Mitchell's little handbook on Urinalysis* has been issued some months, but it is only recently that it has come under our observation. Its object is to make available to the ordinary family practitioner, the recent advances in determining the physical characteristics of urine with accuracy and without undue labor. The clinical significance of urine is a subject of every day inquiry in a busy practice, as much more attention is now paid to urinary pathology than was done even a few years ago. Prof. Mitchell has had exceptional experience in this department, and what he has to say possesses the merit of freshness and reliability. The work is well arranged for consultation, almost any information needed being found in a moment's search. It is therefore a handy volume to have about, and will be found a desirable addition to the working library.

**The Diseases of the Eye: Their Medical and Surgical Treatment.* By J. H. Buffum, M. D., O. et A. Chir. With 150 wood engravings and 25 colored lithographs. 8vo., pp. 423. (Chicago: Gross and Delbridge.)

**The Practitioner's Guide in Urinalysis.* By Clifford Mitchell, A. B., M. D. Illustrated, 12mo, pp. 205. (Chicago: Gross & Delbridge.)

The latest addition to medical chemistry is by Witthaus, of Buffalo. This manual* contains all that a medical student ought to know of chemistry, and a great deal more than he ever will know. The author has given an exhaustive account of chemical physiology and of the chemistry of hygiene, therapeutics and toxicology. In fact its comprehensiveness is its fault; as it contains so much more than the student can ordinarily master in the limited time allowed in a medical curriculum. Were medical colleges properly conducted, the entrance examination should require the student to possess already before he begins the study of medicine, this measure of chemical knowledge; but just as long as colleges grant diplomas to men who cannot spell the word correctly (and it is amply proven, *vide* page 251 of September AMERICAN HOMŒOPATH, that colleges in good standing do so) such works as this of Prof. Witthaus are supernumerary. And yet we thank him for placing the standard so high. The time will come, probably, when the medical schools will come to it practically, as some of them do now in theory; and toward that consummation Prof. Witthaus' labors tend.

Beilstein's *Anleitung* has deservedly long been a popular laboratory companion in Germany, having reached there the fifth edition. It has now been made available for American students through an excellent translation† by Curtman, of St. Louis. Chemistry is here taught by practical examples, each complete in itself. The student thus has the satisfaction of having worked out a practical analysis, and interest is kept alive. The

translator has very greatly improved on the original, and as now issued it affords an excellent and complete guide for a course in qualitative analysis.

The name of Graily Hewitt is well known to all readers of gynæcological literature. His treatise on Diseases of Women has reached a fourth edition in England, and is now republished in this country. Prof. Hewitt has long been recognized as an independent worker and thinker in his department. Among other ideas which he has advanced and apparently proven, and which is now all but universally accepted, is that hysteria in all its protean forms is a uterine reflex symptom (not ovarian as had been generally supposed) dependent always on flexion or malposition; and that to remedy the latter is to cure the former. Even more important than this was his persistent teaching of the relation of chronic starvation to the diseases peculiar to women. It was first pointed out by him that women whose general health had become seriously impaired by a lengthened practice of taking but small amounts of food, were the ones who suffered from uterine diseases; and that rarely were there alterations in the shape or position of the uterus except in those individuals who had thus systematically starved themselves. Observation has convinced us that this is a most important factor in the production of these diseases; and that rational therapeutics will lead us to overcome this dyscrasia by superalimentation. This edition of Prof. Hewitt's work is practically a new one, nearly all the chapters having been re-written during the past year. The notes added by Dr. Sims seem to us on the whole judicious, and serve the purpose of still farther

* *The Medical Student's Manual of Chemistry.* By R. A. Witthaus, A. M., M. D. 8vo, pp. 370. (New York: William Wood and Company).

† *Lessons in Qualitative Chemical Analysis.* By Dr. F. Beilstein, Professor at the Imperial Institute of Technology of St. Petersburg. Translated from the fifth edition, with copious additions in organic analysis. By Charles O. Curtman, M. D. 12mo, pp. 154. (St. Louis: Stationery and Book Company).

The Pathology, Diagnosis, and Treatment of the Diseases of Women. By Graily Hewitt, M. D., F. R. C. P. With 236 Illustrations. Edited with notes and additions by Harry Marion-Sims, M. D. 2 vols. 8vo, pp. 1030. (New York: Bermingham and Company).

adapting the work to the wants of the average practitioner.

Prof. Conrad Wesselhœft has published, in a neat little *brochure*, several of his lectures, delivered last winter at the Boston University.* Prof. Wesselhœft's views as to the limits of attenuation are already familiar to many of our readers. These are here set forth with clearness, and deserve careful attention. The author's motive in publishing these lectures is thus set forth by himself: "Imperfect as all answers to questions concerning our law of cure, and the action of medicines, have been, and must be for the present, every new class of students, and of young practitioners, will inquire again and again, in anticipation of an answer which shall adapt itself to the individual requirements of each one's mind, and render lectures on Therapeutics intelligible. The greater the number of writers on the subject, so much larger will be the variety of answers in explanation of the same subject; and yet each attempt has guided, and will in future guide, a number of inquirers toward and into our method of practice. If only this measure of success will result from the perusal of the following pages, the author will be sincerely thankful."

ITEMS.

Dr. H. W. Hawley has removed from Toledo to Cincinnati, and formed a partnership with our esteemed colleague, M. M. Eaton, M. D.

Oil of Turpentine rubbed into the hands is said to be an effective prophylactic against septic infection in autopsies.

In cases of alcoholic coma the introduction of a pint of hot coffee, either into the stomach or the rectum, is a safe and efficient expedient.

**The Law of Similars; Its Dosage, and the Action of Attenuated Medicines.* By C. Wesselhœft, M. D. 12mo, pp. 71. (Boston: Otis Clapp and Son).

Dr. Oliver S. Taylor, of Auburn, N. Y., is the one surviving member of the class of 1808, of Dartmouth College. He is almost one hundred years of age and enjoys good health in mind and body.

An old doctor who recently died in Indiana bequeathed a snug sum of money to each of the former sweethearts of his callow days. This is establishing a perplexing precedent for future will contests.

Dr. Hurd, of Newburyport, in an article in the *Boston Medical and Surgical Journal* on "Consumption in New England," says that, as a rule, Phillips' preparation of cod-liver oil is borne best by patients with delicate stomachs.

The editor of this journal is very chary about commending proprietary articles; but he very gladly makes an exception in favor of Platts' Chlorides, a disinfectant of inestimable value both for its negative and positive qualities. It is odorless, efficient, and inexpensive, and is therefore of universal application wherever a disinfectant is needed.

CONSEQUENCES.—First Country Doctor: "Could you come to my place Brown, to-morrow morning?" Second ditto: "All right, old man. What is it?"—First Country Doctor: "Well, I've had a case of 'endocarditis,' which I've successfully treated with 'convalaria majalis,' and I want your help with the post-mortem."—*Punch*.

There is a man up in Vermont whose brains, according to one of the medical journals, have dried up, so that they rattle around like beans in a bladder every time he shakes his head. This is a splendid effect. Hundreds of men are going about unable to show that they have any brains. If they had something to rattle they would be well fixed.—*New Orleans Picayune*.

"I had a narrow escape from being infected with cholera to-day," said Dusenbury to Mrs. D., nervously wiping the cold sweat from his brow. "Why, how was that, dear?" she fondly asked. "Well, you see," said he, "I dropped into a picture store down town this morning, and was just drawing my check for a lovely \$1,000 landscape, when I happened to notice that the subject was an Egyptian village."—*Boston Herald*.

An able bodied insect: The guard of an English railway carriage recently refused to allow a naturalist to carry a live hedgehog with him. The traveler, indignant, pulled a turtle from his wallet, and said: "Take this too;" but the guard replied, good naturedly: "Ho no, sir. Its dogs you can't carry, and dogs is dogs, cats is dogs, and 'edge-ogs is dogs, but turtles is hinsects."

THE AMERICAN HOMŒOPATH.

NEW YORK, DECEMBER, 1883.

THE EVENING PRIMROSE.

BY

GEO. W. WINTERBURN, PH. D., M. D.

New York.

In several numbers of the current volume of the AMERICAN HOMŒOPATH I have detailed valued therapeutical characteristics of *Sanguinaria canadensis*. Somewhat allied to this in medicinal uses, is the Evening Primrose, known botanically as *Oenothera biennis*; a plant which has received but slight recognition at the hands of the profession.

Oenothera is so called because the root is said to cause a thirst for wine, (*οινος*, wine, *θηράω* to hunt). It is an indigenous biennial plant belonging to the natural order Onagraceæ, common in fields and waste places, and flowering in mid-summer. When growing in retired and isolated places a white substance appears upon the leaves, rendering them apparently very downy. By cultivating the plant its flowers improve, growing much larger, and acquiring a darker hue. Each flower opens at the evening twilight, and does not close until the next mid-forenoon, after which, like the morning-glory, they do not open again.

An excellent botanist, Pursh, remarks on a singularity in this plant, viz.: "that in a dark night, when no objects can be distinguished at an inconsiderable distance, this plant, when in full flower, can be seen at a great distance, having a bright white appearance, which probably may arise from some phosphoric properties of the flowers." The bark, leaves, twigs and flowers are used. They have an acid, glutinous flavor which they yield to water or alcohol. Its chemical constituents and physiological effects have not been determined. Prof. E. M. Hale has damned this drug with very faint praise in his *New Remedies*, apparently because Dr. T. R. Nute, also of Chicago, has bestowed upon it such

fulsome encomiums. I have never seen Dr. Nute's article,* but I have used Evening Primrose and agree with Dr. Douglas and Dr. Perrine, that it possesses therapeutic value.

An ointment made by boiling in lard or tallow the twigs and leaves has been found efficacious in cutaneous affections in infants, of an herpetic nature. A decoction of the flowers is sometimes used for the same purpose; and a fomentation of the leaves is said to form an excellent application to ulcers. *Oenothera* is a useful remedy in asthma or dyspnœa associated with gastric irritability. It seems to have an especial influence on the pneumogastric, and when its functions are disturbed by a morbidly sensitive gastric mucous membrane, showing itself reflexly in irritations of the laryngeal or pulmonary branches of that nerve, *Oenothera* is likely to prove helpful. In spasmodic asthma and whooping cough it fills a place similar to Lobelia, without its nauseant effects. I have frequently seen it relieve attacks of spasmodic dyspnœa in an old lady that I have treated for several years; and it has apparently greatly lessened the frequency of the attacks. I generally give her ten drops of the first dilution in half a goblet of water, a teaspoonful every quarter of an hour until relieved and then at longer intervals.

In mucous inflammation, such as catarrhal dyspepsia and irritable bladder, evincing itself by frequent vomiting on the one hand, and constant urging to urination on the other, it will act promptly and curatively. The following case is certainly very peculiar, and deserves mention here. B. C. S., aged forty-one, had been troubled with indigestion for some months. This at first consisted simply of sour risings and the belching of sour flatus, and as he had no head-

* Read before the Illinois State Homœopathic Society, in June, 1874, and subsequently published in the *United States Surgical and Medical Journal*.

ache, and the bowels moved regularly he sought no treatment. After a time, however, the gastric trouble increased, and he found himself unable to digest meat or any kind of solid food. There was not much nausea, but the food would lie upon the stomach for two or three hours after eating and then be vomited up in a fermented condition. His urine also began to trouble him, being dark, scant, and hot, and on voiding it a thrill of pain was felt in the neck of the bladder. When I first saw him he was much emaciated through failure to digest food. He could take a very little beef-juice, beef-tea, or warm milk, but any attempt at eating was followed by vomiting as I have described. The bladder had become very irritable, and the calls to urinate were frequent and annoying. I gave him the second dilution of Enothera in drop doses hourly, and in two or three weeks he entirely recovered.

I have cured with it chronic diarrhœa of two years standing; chronic diarrhœa recurring every summer, for five successive seasons; diarrhœa after confinement in a young primiparæ and exhaustive watery diarrhœa, after typhoid fever, coming into my hands from allopathic treatment.

In the summer diarrhœa of children it often acts very rapidly. Dr. J. S. Douglas, of Milwaukee, reports its use as attended in all cases by surprising results. "In many cases where the evacuations had been for days from one to two hours apart, they became six and eight hours after the first dose, and in some instances a single dose effected a cure. There were few instances of the disease continuing more than two or three days, the evacuations steadily decreasing in frequency. Dose, one drop of the tincture after each evacuation." I have used it more in chronic diarrhœa than in acute cases, mainly because the particular indications for it were not clear in my mind. In the seven or eight cases in which I ventured upon it it cured all but two. These were cases of almost colorless and odorless

watery discharges, not very profuse, occurring in pale anæmic children.

It will probably be found a valuable remedy in typhoid fever, at least in the earliest stages, which precede ulceration of the glands of Peyer, and its use may prevent their involvement. If its ancient reputation is well founded it ought to prove a valuable remedy in the treatment of dipsomania.

APHASIA.

BY

CHARLES PORTER HART, M. D.,

Wyoming, Ohio.

The terms *aphasia* and *aphamia* are used to denote that condition of the nervous system in which the patient is mostly unable to speak, or in which he has lost the faculty of expressing his thoughts in appropriate language. The former is now sometimes applied to those cases in which there is a more or less equal inability to speak and write; and the latter to those in which the defect is limited to articulate expression.

There are two principal varieties of the affection, the *ataxic* and the *amnesic*. In the former the patient is unable to express what he desires to say, not because there is any defect in memory, but because he has lost the power of properly co-ordinating the movements of the tongue and lips in the articulation of words. In the amnesic variety, on the contrary, the defect is not in the organs of articulation, but in the mind; the patient cannot remember the proper words, and, therefore, often uses wrong ones, with which to express his thoughts, in other words, he has lost his vocabulary. Similar distinctions are also applied to the faculty of writing, the loss of which is termed *agraphia*. In ataxic agraphia the patient cannot express himself in writing, not for lack of ideas, but simply because he is unable to form the required letters; he has lost the art of writing. In amnesic agraphia,

on the other hand, he can form the letters, and even words, but they do not carry any meaning, because they are not properly arranged.

These defects of verbal expression are found variously combined in different cases, as follows: (1) loss of the power of speaking, with the power of writing preserved; (2) loss of the power of writing with the power of speaking preserved; and (3) loss of the power both of speaking and of writing. These three classes of defects may be either ataxic or amnesic. Some of them are much more common than others. more particularly an amnesic defect in writing, with loss of the power of speaking: and ataxic and amnesic defects both in speaking and writing.

In most cases of aphasia the patient can pronounce a few short and familiar words, such as "yes," "no," and "damn it," although wholly unable to converse in an intelligent manner. Most polysyllables, and even such monosyllables as require marked pressure of the lips and tongue to pronounce them, he is generally unable to articulate. Thus, a patient of Dr. Osborn, whose intellect was unaffected, read the following sentence as interlined:

"It shall be in the power of the college to examine, or not examine, any licentiate, previously to his admission to a fellowship, as they shall think fit."

"Be mather be in the kondreit of the comprestret to samtreis am treit entreido our temtrido, mestriterso to his eftreids turn bried noderiso, of deid dafdrif des trest."

Here, it will be seen, the function of co-ordination was at fault. For as soon as he got fairly under way, he pronounced nearly all the monosyllables correctly, and it was not until near the close of the sentence that the weak co-ordinating power became entirely exhausted, but when it did give out he stumbled at ever word, even the shortest. This, then, was a well marked case of acute aphasia.

Dr. Davis, of Dayton, reports an in-

teresting case of amnesic aphasia. The patient could pronounce correctly any word, however difficult, as soon as he heard it, but he would misname almost every article. Thus, he would ask for his boots when he wanted his hat, and would express surprise when informed of his mistake. His lack of words was so great that he was frequently compelled to resort to signs, showing that amimia, or the loss of pantomimic expression, is not necessarily connected with aphasia. Amimia is, in fact, much rarer than aphasia, and probably depends upon a more extensive lesion. Another singular fact connected with the case is, that he could always, even in the worst stages of the complaint, make a long and well worded prayer, and yet be utterly unable to name his own children. The explanation of this singular phenomenon, as we shall see hereafter, lies in the fact that both sides of the brain were trained for prayer.

As before stated, aphasia is usually associated with agraphia. Luczkiewicz reports the following case: A man, æt 30, who died of purulent arachnoiditis, once asked for fish when he wanted water. At another time he said "my floor hurts me." Although wholly unconscious of his mistakes, it is evident there was no impairment of the intellect at this time, as he recognized every visitor, look for his physician, point to his head for relief, and take his medicine correctly, and yet his language was an unintelligible jargon. One day he wanted some tea, but could not make himself understood; being supplied with pencil and paper, he wrote *Grehbazzk*. At last he got up and procured the tea for himself.

In amnesic agraphia the difficulty is not of a mechanical nature, for such patients will often copy correctly any writing which may be given them, but the difficulty appears to lie in not being able to properly arrange the elements of language into words and sentences, so as to convey the intended meaning. This is well

illustrated by the following letter written by one of Sir William Jenner's patients to Dr. Bastian.*

UNIVERSITY COLLEGE HOSPITAL,)

WARD 8, Sept. 6, 1869. }

TO — BASTIAN, ESQ.,

DEAR SIR :—I am said of my illness. As twelfth years has not the loss of my right eye, you had a lad at once reaching of a shell, and quite an accident. * * The left eye was just for years, and do say. * * If I have for fifteen years, that I write Plays, and contributor that many of the London journals and newspapers. And I write Essays, Comedies, Poems, Dramatic Criticisms, etc., and a thousand. * * I have twenty years I gave the appointment that "read for press," for "The Examiner." * * In the good health in 1863 was the "neuralgia," and go at once, or that bad that it be is done.

* * In September, 1867, that blood gone by head, and I cannot by that *left eye*. * * In September 1868 from eye been better, and can *write* and *read*! * * In on Good Friday, in the night, has had a "fit;" and the right leg, right arm, and that I cannot say or care about, and of Paralysis and the Tic Dolorens. I have very ill. * * In three weeks I came to that the Hospital here. That have does better. The Hospital goes to *Eastbourne*, and goes was ill that then has as ever. His "Tic" is bad, and the Doctor than the Hospital. * * His has *talk* have "couchant" and the "Tic" for rampant. * * I cannot write as good to need; for it at be further.

* * And, dear sir, this note, that not do "the Queen's English grammar. And if be better.

I, dear sir,

Your obedient service,

B. W. W.

A patient may have no difficulty in speaking and writing, and yet not understand anything that is said to him, nor anything that he reads. This

peculiar form of aphasia is termed by Kussmaul *verbal deafness and blindness*. Such persons are often regarded as deaf or insane, since, not understanding what is said to them, their replies appear irrelevant.

Aphasia is sometimes very transitory. Thus Trousseau speaks of a physician who, after overtaking his mind by reading, suddenly discovered that he could no longer understand what he read. Wishing to call some one, he found that he was unable to speak, although there was no paralysis, either of the tongue or the extremities. 'He was immediately bled, but before the venesection could be completed his speech returned.

Aphasia is generally associated with right-sided hemiplegia. Of two hundred and sixty cases of aphasia associated with paralysis collected by Dr. Séguin,* the hemiplegia was on the right side in two hundred and forty-three, and on the left side in only seventeen. As the paralysis and aphasia both result from the same cerebral lesion, the intellect is apt to suffer more or less in these cases; but it is evident that the aphasia is no more due to the impairment of the mental faculties than is the hemiplegia, since they both result from the same cause.

Etiology, Pathology, etc.—Although Drs. Gall, Spurzheim, Bouilland and others, had previously located the seat of language in the anterior lobes of the brain; it was not until the year 1861 that the left anterior lobe was found to be its special seat. In that year a paper was published, written by the elder Dax, in which he showed that the loss of language is generally associated with hemiplegia of the right side of the body; and as hemiplegia, in the great majority of cases, is caused by lesions of the anterior lobe of the opposite side of the brain, he justly inferred that the seat of language is in the left anterior lobe. In the same year, singularly

*Bastian on "Paralysis from Brain Disease," p. 189.

*"Quarterly Journal of Psychological Medicine," Jan. 1868.

enough, M. Broca, who had hitherto strenuously opposed the conclusion reached by MM. Bouillard and Dax, not only arrived at the same general result, but, basing his opinion on two post mortem examinations which had just been made at the *Bicêtre*, announced the strange conclusion that the seat of language is not only in the left anterior lobe of the brain, but that it occupies exactly the third left frontal convolution and that the integrity of this convolution is essential to the proper performance of the function of speech. This opinion, though based upon only two autopsies, has since been abundantly confirmed. Thus, in two cases examined in the Edinburgh and Glasgow Infirmarys, Drs. Gairdner and Sanders traced the lesion to the precise locality described by M. Broca; and in fifteen cases examined in Paris, the third frontal convolution was found diseased fourteen times, and in the remaining one there was fatty degeneration of the capillaries of the same part, though the principal seat of the lesion was in the left insula and the left parietal lobes.

It is claimed, however, by many, that notwithstanding the fact that nearly every case of aphasia is due to disease of the left hemisphere, the seat of language is not confined to that side, but exists equally, though not perhaps in an equal degree, on both sides of the brain. It is argued—and with much force—that even with all the disparity of cases, the fact that lesions of the right hemisphere sometimes, though very rarely, cause aberrations of speech, is sufficient to overturn the theory advanced by Broca, namely, that the seat of language is only in the left hemisphere.

That the faculty of language belongs to both sides of the brain, scarcely admits of doubt. Are not all the other centres of innervation double? Training and exercise, however, have rendered most people right-handed; and the same causes have no doubt made them left-brained,

for the motor action of the brain is a crossed action. Now the same is true of speech, which is influenced by the same difference of development. Owing to anatomical differences in the circulation, a greater supply of blood is sent to the left hemisphere than to the right, and hence there is an earlier foetal development of it, and also a greater development of convolutions in the left frontal portion, where the faculty of language is located. Consequently, the right side is generally left untrained, eventually ceases to exert any influence in the production of speech, and so loses its function. This, however, is not always the case, for pianists train both hemispheres alike; while left-handed people, it is said, generally train the right, instead of the left, hemisphere for language. Thus, Moreau relates the case of a left-handed woman in whom the whole third left frontal convolution was missing, and yet she could speak and read very well.

Numerous post-mortem examinations have established the fact, that, although any form of localized injury affecting by pressure or otherwise, the third left frontal convolution of the brain, may produce aphasia; the most frequent causes by far are embolism and thrombosis of the middle cerebral artery or its branches. In the two hundred and sixty cases of hemiplegia above-mentioned, the left middle cerebral artery was plugged in two hundred and forty-three, in all of which there was aphasia with paralysis of the right upper and lower extremities. In the remaining seventeen cases, the right middle cerebral artery was occluded, but there was no loss of speech. This shows that the part of the brain nourished by the middle cerebral arteries presides over both speech and muscular power in the extremities; thus furnishing the key to the two principal kinds of aphasia, the ataxic and the amnesic. When the cells of gray matter which originate the force that controls speech are destroyed, all idea of language is lost, and the patient can neither

speak nor write correctly, though still able to articulate. But when the fibres that conduct the force are destroyed, the motor power is lost which supplies the mechanism by which ideas are orally expressed; though the patient may be able to write what he wishes to communicate, provided the injury does not also involve the center presiding over that faculty, which is in close proximity to the other.

DIGITALIS IN CARDIAC DROPSY.

BY

W. P. ARMSTRONG, M.D.

Lafayette, Ind.

In a recent article on *Convallaria maj.*, but on which I can not at present lay my hands, Dr. E. M. Hale makes the statement, in substance, that in Europe, *Digitalis* has the reputation of removing the dropsical symptoms in cardiac disease, by strengthening the heart walls, but that in this country, according to, not only his own experience, but that of others as well, it does not possess such power.

Now, if this has been his experience, it certainly has not been mine. On the other hand, I have, in repeated instances, found its action most efficient in such cases, affecting the resorption of effusions and extravasations not only speedily, but, as far as the nature of the case would permit, permanently.

Now, do not let me be understood as saying that it will have this effect in all cases, nor indeed can it in Europe or anywhere else. We must not expect too much. There are at least two conditions in which such an effect must be impossible.

1. It is a well known fact that the renal activity is temporarily greatly increased by cold and dampness. This increase is partly owing to the suppression of the insensible or other perspiration, but mainly to the sudden contraction of the superficial capillaries, and the consequent determination of blood to the abdominal

viscera, with increased pressure upon the kidneys. If the kidneys have become so far diseased, either primarily or secondarily, as to be incapable of acting efficiently even when receiving the normal blood supply, or, worse still, that not even a sudden exposure to cold and dampness, or any other cause of contraction of the superficial capillaries, will perceptibly increase the quantity of urine excreted, *Digitalis* must be equally incapable of producing such an effect.

2. In the very last stages of cardiac disease, when fatty degeneration of the heart walls has progressed so far as to become a chief source of cardiac debility, neither this nor any other medicine is capable of removing the fluid by strengthening the heart walls, since they are no longer capable of being strengthened to any considerable extent.

When heart and kidneys both fail by reason of degeneration, we may avail ourselves of whatever other means are still left to us. Again, it would be folly to attempt to remove, by means of *Digitalis* or any other so-called cardiac tonic, an effusion which was not the result, at least in some degree, of cardiac debility, since, when the heart walls are already strong and healthy, medicine cannot make them more so; and although they may be temporarily stimulated to an excited action, their real strength, the force of their contractions, and the pressure which these make upon the kidneys, cannot, at most, be much increased.

HERNIA.

By GEORGE H. TAYLOR, M. D., New York.

(Concluded from Page 244.)

The salient points in the Mechanico-Therapeutics of Hernia may now be reviewed.

To persons of suspected or possible weakness of the hernial region, prophylaxis is an important consideration. Physicians on whom devolve the duty of practical as well as ther-

apeutic knowledge, may possibly be called on in the incipency as well as at the full development of the hernia, and it will be to their credit to permanently obviate, instead of perpetuating the operation.

It is no exaggeration to say that the hernial region is effectually and entirely protected by the habitually correct action of the respiratory mechanism. The attainment of perfection in this particular is not secured by painstaking effort in breathing. The purposes and effects of deep breathing are quite perverted when the hernial mechanism is transferred from the natural automatic, as it exists in the usual avocations of life, to the volitional, which always causes fatigue, and can never be sustained. Efforts of deep breathing are not only useless, but in certain cases prejudicial and weakening, because such endeavors disturb the natural automatic harmony of the relations of functional parts. Natural breathing is never fatiguing, and this is secured only by increasing the need for oxygen.

The mechanical action of correct and complete respiration, such as we constantly see in all animals (except perhaps the human), extends through and includes the *lower* abdomen. It is secured through voluntary activities which incidentally produce the effect. This method or form, and this only, secures normal development of the hernial tissues, and assures their capacity for resistance to any strain, however accidental.

When the tissues of the lower abdominal wall are properly developed the effect of strain, as from lifting, or any other effort, will not act in the direction of the hernial tissues, but in the very opposite direction. There is a physiological preliminary to all muscular effort; this consists in occlusion of considerably increased volume of air in the chest, causing it not only to become greatly expanded, but to become *fixed* at the point of utmost distention. Anybody

can demonstrate this physiological principle on his own person at any moment. All he has to do is to *lift*, or, better, *try* to lift a great weight. He *first* expands his chest to its utmost, and in doing this draws in his abdomen also to its utmost, and therefore *lifts its contents wholly from* the hernial region of the lower rim of the belly. After this and *only* after this he transfers his energies to the weak and suspicious tissues. He has viewed the ordinary development of power, and has made preparations for its expenditure. Hernia in this case is an impossible consequence. Its occurrence is confined to persons of lax fibre, muscularly feeble, and whose ordinary use of the hernial tissues is insufficient, and the subject is liable at any time to suffer the consequences.

The practical *mechanico-therapeutics* of hernia is as simple, and as intelligible, and as complete as the prophylaxis. If the chest wall could be made temporarily immovable and fixed, it does not follow that the subject would immediately expire from suspension of respiration. In this case, which is easily supposable, the respiratory movement, which increases and diminishes the cubic capacity of the cavity of the body to the extent of 30 cubic inches, occurs not in the chest walls, but in the abdominal walls. The anterior boundary of the abdomen under the circumstances easily assumes the whole work of changing the contents of the lungs. There being no other part of the whole boundary of the trunk that is mobile, it is plain that the mobility of this confined portion is proportionately increased; and that every respiratory act now *lifts* the mass of the contents of the cavity upwards, displacing the lower portion to the extent of 30 cubic inches. This action, of course, includes completely the hernial tissues, and more especially the loose superimposed abdominal mass. This effect is a mechanical necessity that under the mechanical

and physiological circumstances cannot be evaded.

The chest walls are easily capable of sufficient fixation. This is done by simply clasping the hands over the top of the head and maintaining this position. The muscles connecting the upper arm with the chest, both anteriorly and posteriorly, and through which all motions of the arms are effected and its muscular powers transmitted, now become engaged in maintaining the chest walls in their utmost distention, and in restraining the motions of these walls. The position renders these chest muscles tense and immovable, in which condition all parts of the walls of the chest, except the diaphragmatic, participate. The ribs cannot move on their hinges. Is respiration in consequence suspended? Not in the least. The exterior change of plan and shape of the boundaries of the trunk cavity is now, by compulsion, concentrated at the abdominal walls, and one sees by its facile and extreme mobility that such mechanical change might easily and always become localized here. There is 30 cubic inches of displacement and replacement of air in the lungs at each respiratory act; but now it occurs only from below, in place of being diffused over the whole of the exterior trunk, or limited to the top of the lungs, or at their sides, as was probably the case formerly. Respiration becomes an abdominal, instead of chest motion.

In the mechanical circumstances above described it is clear that every respiratory movement is a *lift* of the whole abdominal mass *from* the lowest portion of the cavity; and also that the hernial tissues perforce participate in this lift.

We have seen above what is the effect of joining effort or exertion to ordinary respiration, and that the latter is increased in extent in exact ratio to the former. This is the physiological necessity flowing from increased need for oxygen, for which all exertion increases the demand and consumption. In this way it is

easy to increase the amount of air displaced and replaced in the lungs from 30 to the extreme, as stated by the physiologists, of 200 or even 250 cubic inches.

The area of the abdominal wall which participates in the bellows motions of changing the air of the chest, is about 150 inches square. It is clear that when 75 cubic inches of air is expelled from the chest, in this position of immovable chest walls, the whole of the movable portion of the cavity will therefore recede one-half an inch. And it is also clear that all the forces engaged in this motion are available at the lower abdominal boundary, and serve to displace upward the whole abdominal mass, dragging upward the hernial sac and protrusion. It is also sure that the atmospheric pressure is available at the hernial point to the extent of the combined muscular powers engaged therein. The atmospheric pressure, rendered available by the tendency to produce vacuum in all respiration, becomes then an important auxiliary in the therapeutics of hernia, because the effort is localized at the hernial point.

Another auxiliary of extreme value, is *gravitation*. If the extreme axis of the ovoid cavity of the trunk be two feet, then there is one pound of pressure of the abdominal mass upon every inch square of the tissue at the brim of the pelvis. To this there is not the least physiological objection, except as to *continuity*. This, it has been shown, is unnatural, while reciprocating, or alternate pressure is as natural as the heart and respiratory motions. Therapeutic measures, at their best, are but an intensification, of the natural and ordinary, to attain compensation for previous defects and their consequences, were the gravitation of the contents of the trunk to be *reversed*, then the one pound per inch square of gravitation upon the rim of the abdomen, including the hernial tissues would become exactly reversed, and changed to one pound per inch square of upward

pull, upward being understood to be away from the tissues in question—an actual upward traction of their tissues along with the subsequent contents.

But as reversing the direction of gravitation of the contents of the abdomen is a rather awkward procedure (except in case of boys, for whom in general, under the name of play, the useless appears to have a fascination), this matter of position may be very agreeably compromised. All the whole mechanical force easily available, is needless; there is superabundance for the desired effect, when half applied. The hips may be raised the highest, and high enough, lying either face downward or back downward position to secure of difference of one pound per inch square gravitation. This abundantly removes all contact of abdominal contents with abdominal wall, but allows so much of atmospheric pressure upon the weak tissues of the hernial sac, as to effectually drive it inwards.

When the patient has his hand firmly clasped over his head, or the walls of the chest are *fixedly* distended by any position of the arms capable of effecting this mechanical purpose, it is readily seen that the floating ribs are drawn apart to the extreme degree, distending the diaphragm and correspondingly increasing the space immediately beneath it. Into this inward space the abdominal contents flow to fill the tendency to vacuum in the superior portion of the abdomen, which the position necessitates. But as the abdomoid mass remains unaltered in bulk, it follows that its removal upward, causes diminution of the size of the tumor portion,—an actual transfer to a higher point of the abdominal prominence. Against this prominence the hand of the expert operator, may engage with some force, exerting power in the upward direction, that is toward the diaphragm, so as to further aid the upward removal of the abdominal mass.

The mechanico-therapeutic factors

in the rational cure of hernia may be enumerated as follows:—

1. *Abdominal*, as distinguished from chest respiration. Always prophylactic and capable of any degree of physiological extension, for spinal or therapeutic purposes, even in the weakest subjects, and in extreme degrees of the affection and for its remote as well as direct consequences.

2. *Forced* abdominal respiration with fixed chest walls, extending and confining the effect of respiratory motion to the hernial tissues.

3. *Local* muscular exertion, not necessarily respiratory, engaging the hernial tissues, to strengthen them and lift the abdominal contents.

4. *Gravitation*, reversing its usual direction of this constant force.

5. *Atmospheric pressure*; rendering this locally available at the hernial region removing by muscular action the constant pressure from above.

6. *The aid of external mechanical force*, by means of the hand of an assistant, engaging the protruding portion of the abdominal mass and urging it *from* the pelvis so as to disengage the confined loop of intestine from the hernial sac.

7. All the forces and conditions may be employed in series or together at the same instant. They may be repeated as often as the judgment of the physician dictates, in series or conjoined in one or two processes which will next be described in connection with their use and method in actual cases.

CASE I. John Cronin, aged about 48, engineer, was seized by a sudden attack of what was thought to be severe colic, was sent to my office a few rods distant. He entered, crouching under intense abdominal pain and nausea, further indicated by the beads of sweat covering his pallid countenance. Inquiry elicited the statement that a large "lump" had appeared a few hours before at the lower part of his abdomen. Exposure revealed an inguinal hernia, the tumor being nearly half as large as a

man's fist, which was too sensitive to allow of being touched in examination.

He was laid flat on his back, and made to hold a piece of ice in direct contact with the hernial protrusion. After about fifteen minutes, examination showed that it had become completely benumbed by the cold and insensitive. The patient's hands were now made to clasp over his head. Supports were placed under his hips raising them about fifteen inches, the feet brought to the nates, and gentle and entirely painless taxis was made to the base of the tumor, at each side successively. An assistant employed both his hands to press upward, that is, toward the diaphragm, upon the abdomen. This produced in the position described unequivocal traction upon the loop of incarcerated intestine, distinctly felt by the operation to correspond with the mechanical action imparted. The tumor gradually receded and in a few moments wholly disappeared, leaving the tense Poupart's ligament as distinct as though exposed by the scalpel.

Did this patient require a truss? Radical cure demands effects exactly opposed to those produced by it. After resting a half hour, but little soreness or even uneasiness remained. His arms were extended parallel with the body as far as they could reach, while he remained lying flat on his back; the two hands were made to grasp a weight of a few pounds, and he was directed *very slowly* to raise his arms to the perpendicular. The effect, it will be easily seen, is to afford greatest possible distension to the diaphragm and to increase the space immediately beneath it to its greatest possible dimensions, which of course is entirely filled up with the abdominal contents, by withdrawing them from below. The arms were allowed very slowly to recede to the commencing position, and after a few moments to repeat the process in the same slow manner four or five times. He was then allowed perfect quiet of five to ten minutes. Next, with the

hands again clasped upon the crown of his head, he was required to raise his two legs till his feet were about one foot from the floor, the knees remaining straight. This was repeated in the same slow manner several times. Then succeeded a rest, during which the nutritive effect on the tissues involved by the action becomes consummated.

He was next desired to turn face downward, resting on his two elbows and the toe-ends of his feet, which in this position are perpendicular to the floor; his abdomen also rests upon the floor. He was now directed to sustain his body by the toe and elbow supports, by raising the trunk so that it would be in a straight line, and horizontal, in which position he was to remain as long as convenient. The mechanical effect is the strongest tension of all the longitudinal abdominal muscles, in connection with greatest distension of the upper abdominal space. After the trunk was allowed slowly to recede to its rest on the floor, the process was repeated in the same manner two or three times.

The patient was now allowed to *proceed to his work*. He was directed to repeat the same processes in the same manner, being particular in the observation of *tissue*, several times in the course of the day. It always afforded the greatest satisfaction to his feelings. The next day, his confidence and his ability being excellent, a few additional processes, having the same general effect, but more distinctly specializing the weak point and the defective tissues, were given him to practice upon occasionally. After a few days following up of the processes became altogether omitted. This occurred in June, 1883. The patient has had excellent health ever since, without the least threat or intimation of returning weakness of the hernial region. It is a case of complete, radical and permanent cure of acute hernia, by the removal of its causes. The use of the truss, the common recourse in these cases, could have resulted in no other way

than the permanent necessity for its continual use; it is practically impossible for that instrument either to remove the interior abdominal mass, or to extract the offending intestinal loop, or to thicken and increase the excellency of the hernial tissues. Its legitimate effect is exactly the contrary.

THE DEFINITION OF AN HOMŒOPATHIST.

BY

WALTER V. COWL, M.D.

New York.

(Read before New York State Hom. Med. Soc.)

At a time, when the old school of medicine is passing through a crisis, with reference to the recognition of homœopathic physicians; when, in fact, there seem to be those, within that sect, who are anxious to consult with us, and willing also, to take away the opposition, which, in their opinion has only been the cause of our luxuriant growth; and at a time, on the other hand, when there be those in our ranks, who are for giving up our name, and under the simple style of "physician," wish to merge themselves with these others, who do not believe in the homœopathic law, the question may occur to many, as it has in fact to several writers in prominent lay as well as medical journals, whether there be or not, a sharp distinction between an homœopathist and an allopathist, whether there be a definition, which unmistakably distinguishes the one from the other.

Throughout the profession, as well as among the laity, the idea of what essentially constitutes an homœopathist, I believe to be vague. The most of us, I fancy, would give to this question, the answer, a physician who practices homœopathy, a member of the homœopathic body, or one who calls himself an homœopathist; but, a member of the allopathic body may practice homœopathy, as in fact, several noted members (as well as others) of it do to a

greater or lesser extent, and even to the use of attenuated medicine, that is, they use our preparations of medicines (those peculiar to us as well as others) in our doses, in our peculiar way, and according to the indications that we follow. Shall we say that they are homœopathists? Shall we charge them with cowardice in not joining our body? Shall we accuse them of stealing? Or shall we praise them for remaining in their own ranks, and endeavoring to leaven the whole lump for us? The answers to the latter questions evidently depend upon the first.

Are such individuals homœopathists? This is an important question. If they are homœopathists and are not afraid to own it (for truth is the first condition of all conversions) we may not accuse them of cowardice in not joining us and severing all their old relations, for they may do more good by missionary work where they are.

On the other hand, if they are not homœopathists, we may say nothing unless, perchance they use our knowledge and give us no credit, or claim the matters as their own discovery.

We may illustrate this all by an instance. A prominent dermatologist in New York City, uses and is known to use, homœopathic preparations of purely homœopathic drugs, in homœopathic doses, and according to indications first given in Hahnemann's writings. As a grateful exception to the general rule, he admits this publicly, (with some exceptions) in old school and in homœopathic journals. But he remains a member of the allopathic body, he refuses to join the homœopathic fraternity, and says he can do more good to the cause where he is, but he denies that there is a homœopathic law, he denies, in fact, that the medicines of ours, which he uses (and uses in our way) have a homœopathic action, and he continues to use old school remedies. Is he or is he not a homœopathist? Now some would say that he is not a homœopathist if he continues to use

old school remedies, and yet he has often been accused of being a homœopathist, both by members of his school and of our own. Others would say, he is not an homœopathist until he acknowledges it, or joins our ranks. I think, however, you will all agree with me that we cannot call him a homœopathist until he comes forward and says he believes in the homœopathic law. When he does this, if he ever thus makes up his mind, there will be no doubt about it. Even if he does continue to use some or many of his old school remedies in his old time way, even if he does remain with his old associates, or even in fact, if he does not call himself an homœopathist, which he might have peculiar reasons for avoiding, we, nevertheless, cannot deny to him the name. He has something with us in common, in which he differs from the body of his school. This, as it were, will make him a marked man, and at the same time will show, I think, most clearly that the only definition which can be framed of an homœopathist, that will pick the true from the false, is—a believer in the homœopathic law.

This is a sharp dividing line.

This—the only test that we apply in electing members to our society—makes a marked distinction; and it is the only thing, in our opinion, which can draw a line of demarcation. A layman, who believes in this law of nature and of cure, is certainly an homœopathist, although he never practices it; a member of the homœopathic body, who, with an imperfect knowledge of the *materia medica*, sometimes, in his relief of suffering, does not use it, while believing in its truth, and practicing by it, according to his individual light, cannot be denied the distinguishing name. The old school practitioner, who experiences a change of heart, not simply he whose fingers itch, methinks most righteously can be accused of homœopathy, e'en ere he joins the ranks of those who honor Hahnemann. Though he should con-

tinue to be a member of the old school body, there is aught about him which separates him, as by a wall, from his fellows. He believes in a "specific" method of healing. He no longer believes in a "rational" mode of cure. He now endeavors to meet the particular group of symptoms in his patient by administering a remedy which will produce upon the healthy a group of symptoms most nearly the counterpart of those he wishes to relieve.

His remedy, therefore, is specific to the case. He does not now, first reason upon the nature of the particular disease in the patient before him, according, of course, to the prevailing pathological notions of the day, and "rationally" select a remedy, whose action, as at present believed, is opposite to that of the disease in the patient. His prescriptions now do not change as pathology and the physiological explanation of drug action from time to time alter. He uses to-day the same remedies, for the same conditions, and in the self-same way that Hahnemann and all his followers since have used! He has no need to change!!

Let me, however, not only adduce my own testimony to this point.

Just twenty years ago, at the first regular meeting of this society, the learned and beloved Carroll Dunham, addressing the members, instead of their president, discoursed upon "The Antagonism between Homœopathy and Allopathy."

He discussed this antagonism, first from a historic, and then from a philosophical point of view. After detailing Hahnemann's laborious proof of his discovery, during a course of personal experience and research lasting fifteen years before he published the great truth of homœopathy, as well as the high position to which he had attained in his profession before this discovery, he goes on to recite the persecutions which Hahnemann had to endure, and which have since been continued with more or less severity, to his followers; but leaving

all this, leaving this practical antagonism, which, just now in fact, we are beginning to see fall away, he devotes himself to considering whether there be an antagonism from a philosophical point of view, and in the manner which I have already indicated to you, albeit far more powerfully, he most clearly and indubitably shows the irreconcilable diversity between the "specific" method of prescribing of the homœopathist, and the so-called "rational" method of the allopathist. The one a simple comparison of symptoms, the other a complex and ever changing process of theoretical reasoning. A difference of method as marked as well as could be. A difference, which, as all of us are aware, is as characteristic to-day as when Dunham delivered this memorable address.

But what shall we say of those in our ranks, who now would cease to call themselves homœopathists, who at this premature day, would, in the words of one, "put the term away in the garret as worn out medical furniture," or who, in the language of a recent editorial by a member, I am sorry to say, of this society, would "cease to swing the red flag in the shape of a sectarian cognomen," and endeavor to make us all believe that "No longer now, as formerly, is a single thought made the nucleus of a system of theology or therapeutics." We can but think they don't believe the law of Similars. This, at least, we seem to read between their lines. But what excuse have they, who thus would give up that, which is, in more senses than one, their birthright? They must have some excuse. It seems to be this:—

The old school have been perpetually dinning in our ears, the assertion that banding ourselves together under the name of homœopathists, we have tied ourselves down to a therapeutic dogma, which is exclusive, and which therefore renders us incapable of honestly taking advantage of whatever scientific discoveries are made, for the benefit of man, relating to

therapeutics, that do not come under our dogma.

This has been so repeated and so insisted upon, that to my certain knowledge, many practitioners in our school, who do not claim to be Hahnemannians, have come to accept this view, and to believe that every one of us, who, under any circumstances, and however seldom, goes outside of the use of an homœopathic remedy, for the relief of suffering, or the cure of disease, at that moment loses his right to the title of homœopathist.

Now, with all due deference to the medical philosophers of the old school, who so kindly lay down this rule for our guidance, this, gentlemen, is absurd. The first and always-to-be-followed rule for a medical man is, and always will be, to relieve or cure his patient in the surest, quickest, and safest way, possible to him individually.

The therapeutic knowledge of no two men is equal.

What, in numerous instances, would be easily possible, in the way of a quick, safe, and sure homœopathic prescription to a Dunham, might not be vouchsafed to one possessing a perfect knowledge of the *material medica*, as to some graduate of the old school, who had turned homœopath, or to some practitioner, bred in our own colleges, who, knowing, used some resource, non-homœopathic, yet to his mind, sure, safe, and quick of relief, in the case before him. Such a one, with the modesty which becomes all true physicians, in the presence of the complex problems of diseased nature, would in every case, I am sure, ascribe his failure to select, or to relieve by means of a homœopathic remedy, to his own fallibility, to his own lack of knowledge or of judgement, rather than egotistically declare, in the face of the present limited knowledge of therapeutics possessed by the profession altogether, that the law could not be universal.

Again, gentlemen, we can not maintain, and I am sure that we do not

maintain, that the sum total of useful therapeutic knowledge is bound up in the homœopathic materia medica.

In reason this can hardly be, while practically, I think we all admit it is not. The old school have not labored at therapeutics for over two-thousand years for entirely nothing. We must concede that they have learned something; and as yet, I think it hardly befits us, after spending less than a century, less than one-twentieth of the time they have taken, upon this most concrete and difficult subject, to say that our accumulations contain all the wisdom, and theirs all the nonsense of therapeutics. No, gentlemen! Until we have entirely perfected our system of prescribing, until we have made its study so plain, simple, and easy, that one of ordinary abilities can fully master it, we cannot interdict nor hinder any man, in any case from employing any agent, whose use, even if it be allopathic and routine, is to him individually, less difficult of prescription, and to his mind more sure, safe, and quick than any homœopathic prescription he then and there could make. But now, shall we deny to this man the name of homœopathist? If he believes in the homœopathic law, I do not believe we can. However often he lapse from making an homœopathic prescription, so he believe the law, and make his honest endeavor, however comparatively feeble it be, to carry it out in his practice, I think you will say with me, he is a homœopathist and this name he may bear until the vast bulk of his profession have come to his belief.

WARM SPONGE BATHS IN THE TREATMENT OF SCARLET FEVER.

BY

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(Read before New York State Hom. Med. Soc.)

It is a fact in the daily experience of life that the *simplest* truths are often ignored. Things so simple as to be almost self-evident to the re-

flecting mind are passed over in the search for the *hidden* mysteries which are not revealed. In no field of science is this more the case than in the domain of therapeutics. Physicians and pharmacutists are ransacking heathendom for unheard of herbs prepared in unheard of manners, and warranted to cure incurable diseases, while they are often neglecting entirely those hygienic and sanitary measures which would prevent these same diseases. Elaborate articles are prepared giving the indications for scores of remedies in the treatment of cholera infantum while no one has a word to say about the sour nursing bottles and improperly prepared food which is the cause of most cases of this disease. The long tubes used in nursing bottles, and the stoppers made of common cork are the cause of thousands of deaths annually in this country, and yet I do not remember to have ever seen in a medical journal a word against them. In this short paper I wish to call attention to the importance of hot baths in scarlet fever. In scarlatina simplex there is little danger of the patient dying from the disease itself, but the sequelæ of otitis media, cervical abscess and anasarca possess some elements of danger, and, if these can be prevented, we may feel sure the patient will recover. It is a mistake into which physicians often fall, to suppose that these sequelæ are the result of catching cold after scarlet fever, such is not the case. Desquamative nephritis resulting in dropsy, enlargement of the lymphatic glands of the neck, often resulting in abscesses and otitis media, causing running ears, are a part of the disease to be guarded against and prevented by treatment, and are not the result of catching cold. The usual remedies employed by homœopathists accomplish a great deal toward preventing these sequelæ, but they are far from infallible.

The inter-dependence between the skin and the kidneys is well known; when perspiration is profuse the

amount of urine will be proportionately small, and consequently the amount of work required to be done by the kidneys will be less. Now, in scarlet fever the skin is particularly *dry* and hot and there is no perspiration; as a consequence the kidneys become early congested, as is shown by the frequent presence of albumen, and this congestion leads to desquamative nephritis and dropsy. Nothing so promotes perspiration as warm bathing. As soon as scarlet fever is suspected, have the patient undressed and put in bed. Have a dish of water as hot as the patient can well bear and in this dissolve enough baking soda to make it slightly slippery, and sponge the patient all over. Only a small surface should be wet at one time, when this is dried wet a little more and so continue till the entire body has been bathed. This should be done under the bed-clothes, to exclude entirely the air, and a plentiful supply of bedding should be used. This bathing, with Aconite internally will induce free perspiration and will greatly assist in bringing the rash to the surface. The bathing should be repeated once or twice a day, as long as any eruption remains upon the skin.

In over two hundred cases of scarlatina which I have treated with these warm baths I have not had a single case of general dropsy, and only one in which there was any swelling of the face.

I firmly believe that by attention to this matter of warm baths post-scarlatinal dropsy may be prevented in *every* case. In a family where I treated several cases of scarlatina anginosa, one of the children was so slightly affected with scarlatina simplex that I thought the baths which I had used for the other members of the family were unnecessary, and this mild case in which no baths were employed was followed by the severest post-scarlatinal dropsy that I ever saw.

I am unable to account for the total disappearance of post-scarlatinal

dropsy from my practice, except by attributing it to the employment of these hot baths during the entire course of the disease. I have never seen any harm come from their employment; they are always grateful to the patient, and the bath is often followed by the only quiet sleep the patient has. Where the child is able to be placed in a bath tub, and it can be conveniently done, the patient may be put all over into the water, but I think in most cases the sponge bath will be found the easiest and safest.

RECENT RESEARCHES IN ZYMOSIS AND DERMATOLOGY.

BY

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New York.

(Concluded from Page 296.)

YELLOW FEVER.

Dr. Carmona del Valle—*British Medical Journal*—claims to have detected the microphite of yellow fever which he calls *Peronospora Lutea*. The germs of this microphite he tells us, are found in the excrements of patients also the blood and the serum of blisters. He claims that the black vomit is due to black spores and *not to disintegrated blood*. In the urine he finds yellow granules which give birth to spores. Dogs and rabbits injected with this urine, exhibit febrile symptoms for several days and pass similar granules in their urine. He has inoculated animals with this specific fungus in distilled water and finds them exempt after one experiment. He also tested this prophylactic treatment upon himself without bad results but the examination of the urine showed the characteristic granules for some time. The Dr. does not recommend this as a certain prophylactic against the disease but his experiments show courage and careful study at least.

ERYSIPELAS.

We were much interested in the experiments of Fehleisen, of Berlin. He

has procured the microphites or specific germs of erysipelas and has propagated them outside of the body upon potatoes—coagulated blood and serum producing fourteen generations in two months. In the manner of their growth they differ from the germs of pyæmia though morphologically they are identical. With this artificial material he has produced erysipelas in rabbits and also in patients in hospitals, seven of whom he tried it upon. Remembering that the literature made mention of favorable results of attacks of erysipelas in cases of neuralgia—chronic diseases of the joints—lupus and morbid growths of various kinds he selected five of the latter variety and two with lupus. In all the disease was developed without harm to patients while in three the effect upon their condition was satisfactory. In uncomplicated erysipelas these microphites are found only in the lymphatics while in phlegmon and pyæmia they are found in the lymphatics, subcutaneous fat-liver, kidneys and heart. The disease is undoubtedly contagious but he knows of no way in which it can be propagated artificially except through extraneous cultivation as described above. He also discovered that vaccination with this specific virus did not procure immunity from the disease. In a revaccination of the seven above mentioned cases six had a second attack. Experiments were made to test antiseptic agents upon these germs and one per cent. solution of Corrosive Sublimate and a three per cent. solution of carbolic acid were used. The former destroyed them in from 10 to 15 seconds, while the latter took 45 seconds. This was thought to prove the value of antiseptic dressing upon wounds and the author cites the practice of Bergman's surgical clinic where under this mode of dressing only two cases of erysipelas occurred in over four years, while in wounds upon the face where such dressing was impracticable, erysipelas was of frequent occurrence. This is the first instance of artificially culti-

vated fluids having been used successfully in man.

Dr. T. B. Nicols treats erysipelas with a paint composed of white lead and turpentine, keeping the affected part well covered. This, he says, will peel off leaving, in nine cases out of ten, a healthy surface underneath. The same treatment he recommends as almost instantaneous in relief of suffering caused by scalding from steam or water.

We are aware that traumatic erysipelas may properly be claimed as belonging to the department of surgery but we felt that we were not exceeding our latitude by citing these last two items.

CARBUNCLES AND BOILS.

From the last mentioned disease there seems to be a natural step to the subject of carbuncles and boils for which Henry G. Piffard in the *Journal of Cutaneous and Venereal Diseases*, advocates a remarkable remedy, calx. sulphurata, which he says the homœopaths use, under the name of Hepar Sulphuris Calcarea, as a remedy against suppuration and for other purposes. Dr. Piffard advises against too large or too frequent doses of this remedy by quoting other authority, and declares that such treatment will produce aggravations of existing trouble and even induce furuncular lesions. He thinks that 1-100 of a grain once or twice a day will most forcibly promote a cure; though sometimes it is advisable to use a full grain and repeat often to promote the physiological action of the drug. He recommends it for acne simplex with acute pustular lesion, saying that small doses are more appropriate. In indolent acne he uses no local application except occasionally a little precipitated sulphur combined with from one to four parts of ordinary toilet powder dusted over the surface to stimulate activity. He tells us that the sulphurata is capable of playing a very useful part in eczema of the impetigenous variety where, in children, he finds the 1-100 grain dose far more available. Cases

in adults which under the ordinary treatment by epilation and ointment would require a month for recovery are cured by the use of this drug in *one-fourth* the time. All the hairs which perforate pustules he first removes as local irritants and to give access to pus and then gives the remedy 1-10 grain doses two or three times a day. Cites a case of eczema of lower extremities of long standing cured by 1-5 grain doses also a case of a Dr. Husted, who took it for furuncles, and was cured of Diabetes of long standing since which this same Dr. has used it with marked benefit in other cases of diabetes. In closing his article Dr. Piffard says that as regards Calx Sulphurata we are almost without exact scientific data as to its general or special physiological action. He is aware that an extensive proving was made of it by Hahnemann fifty years ago which *may have been satisfactory to early homœopaths* but it does not meet the "scientific requirements" of physicians of the present day. In his own judgment the drug is an aplastic or resolvent of great energy and it appears probable that it will be found capable of fulfilling the rôle assigned to mercury 20 to 40 years ago.

LEPROSY.

Since we learn that there are four cases of leprosy in the Dermatological wards of our Charity Hospital, and two or three cases in other parts of the city, the following becomes doubly interesting: Surgeon-major Peters, in *Edinburg Medical Journal*, gives the result of two years' experience at a leper asylum in India. He details twenty-nine cases, all of which "were much improved" by the following plan: The patients had to rub the body for two hours early in the morning with Carbolic oil, 1 to 40; then bathe in warm soap and water. Afterwards an emulsion composed of Gurgium oil and lime water was rubbed into the affected parts only, any ulcerations being filled with cotton smeared with the same. Under this treatment the ulcers healed rap-

idly, while the anæsthetic parts and nodules remained unimproved. They, however, were benefited by Cashew-nut oil rubbed on to blistering. Internally, the remedy administered was as follows:

Chaulmoogra Oil, m. v, }	
Sodæ Bicarb., gr. v, }	M.
Aqua Menthæ Pip., ̄ j, }	

Size of dose not stated.

In a discussion upon leprosy before the New York Dermatological Society, mention is made of cases treated with benefit by Chaulmoogra oil and Hoangnan. Of these drugs it is stated, that but little is known of the physiological action of the oil, but that hoangnan is known to be a neurotic drug par excellence. There is a suspicion that it is the bark of the *Strychnos Nux vom.*, and submits that "*Nux vom.* has been found of value in the treatment of leprosy."

URTICARIA.

Prof. George H. Fox, of the College of Physicians and Surgeons, publishes an article upon urticaria which is chiefly instructive by reason of his reference to the remedies used in its treatment. He finds in looking over the extensive literature of urticaria, and noting the number of drugs employed in its successful treatment, that it is evident they must act in different ways. In fact this disorder is the last for which a specific should be sought. After descanting at some length upon different remedies, he remarks that a *third* class of remedies which have been found useful comprise any which have a direct influence upon the cutaneous circulation, and are known to have produced urticaria. Quinine, cinchonidia and cinchona bark are reputed to have caused and cured urticaria, and in many cases of intermittent fever it is difficult to decide whether the malaria or the drug is the cause of the eruption. When the urticaria assumes an intermittent type quinine will doubtless prove valuable. Salicylate of Soda has cured cases, but the literature of this drug shows that large doses have more frequently provoked the eruption. Lastly, he relates

a case—reported in the *Lancet*—of nettle-rash which was quickly relieved by a wine-glassful of nettle tea—a capital illustration, he says, of the old idea, “The hair of the dog will cure the bite.” Such excellent testimony for Homœopathy as this, coming from the camp of the enemy, shows that the world moves, and that light will penetrate the darkness even though the Code and all who adhere to it solemnly protest against it.

PSORIASIS.

R. H. Patterson, M. D., M. R. C. S., &c., reports a case of psoriasis of fifteen years’ standing (in which he states that nearly everything had been tried) cured in one month by an ointment of vaseline, oxide of zinc and Sanitas oil. He describes this oil as having the properties of being cleanly and not staining the clothing, and asks other members of the profession to give it a trial.

ECZEMA.

In a clinical lecture delivered in Queen’s Hospital, Birmingham, by James Sawyer, M. D., upon Eczema, he says: “We can best treat eczema by not regarding it as a disease of the skin. A failure to cure lies in a failure to recognize the constitutional condition. Eczema is generally a local expression of the strumous, the gouty, or the nervous diathesis; therefore, he says, before proscribing drugs search first for the constitutional cause; second, remove all irritating local causes, as dirt, lice, wearing flannel, bad soap, chemical irritants, etc., and lastly select the remedy.

The *Canadian Journal of Medicine* reports a remarkable case of chronic eczema of the face; parts deeply fissured and patient suffering greatly from itching and burning; skin dry and scaly—cured after many failures by an infusion of *viola tricolor* 3j to 10 ̄ of water. All local treatment was suspended. At first the symptoms were aggravated, when the drug was discontinued a while, and then resumed in weaker proportions. A cure resulted in six weeks.

From a selection in the New York

Journal of Cutaneous Diseases, we are given four stubborn cases of eczema, three in adults and one in a child, cured by an ointment of iodoform 2-20 (the vehicle not given), while upon some parts a powder of Iodoform and Amylum 8 to 100 was sprinkled. No internal medication is mentioned except in the case of the child, where cod-liver oil and Iodide of Iron were administered. The longest time required in completing a cure was twenty-four days, that being in a case of general eczema of two years’ standing.

In the same journal is reported a case of eczematous ulcer of the leg, treated by iodiform ointment 3j ̄j petroleum ung. applied with firm pressure by means of a roller bandage. This patient was given M ur. tinc. of Iron, with Mer. cor. sub., and hence we are not quite clear which drug performed the cure.

F. O. Pick, M. D., Prof. of Dermatology in the University of Prague, strongly recommends the use of gelatine as a vehicle for medicaments in skin diseases. He prepares his remedies in the following manner: Dissolve 12½ ̄ of dry white gelatine in 25 ̄ dis. water, and while stirring he adds the remedy—Goa powder, Pyrogalllic acid, Naphthol (active principle of tar), Iodoform, Carbolic or Salicylic acids in the quantity necessary. This is dissolved by heating, when needed for use, and applied with a brush. When dry a little Glycerine is applied to prevent its cracking. The Professor says, this coating being transparent allows one to see the progress of the treatment without removal; also, it is clean, does not soil clothing, can be easily removed, is not expensive, does not crack or peel off, and he is positive that any one trying it will never again resort to ointments in treating diseases of the skin.

Lastly, as a suitable finale to this over-long paper, we select a translation from a French journal, which gives some interesting conclusions upon alcoholism in developing skin diseases. These diseases (alcoholic),

it states, produce their most injurious effects on certain organs, particularly the skin; which explains the influence of this drug upon several varieties of cutaneous disease. Alcoholism unaided is capable of evoking morbid cutaneous phenomena, whose underlying cause is to be sought for in some diathesis as arthritic, herpetic, scrofulous: but what is most frequently observed is the maintenance and aggravation of preëxisting disease.

CONCLUSIONS adopted by the Third International Congress of Opponents to Compulsory Vaccination, held in the Grand Council Chamber, Berne, Switzerland, on the 27th, 28th and 29th September, 1883, under the presidency of Dr. Adolf Vogt, Professor of Hygiene and Medicine in the Berne University, in favor of the abrogation or abolition of the law:—

1. That a comprehensive study of vital statistics proves that the extension of the practice of vaccination bears no logical relations to the reduction of small-pox.

2. That whilst the virus used for the excitation of the disease designated *vaccinia* is of various origins and uncertain character, it is also liable to occasion, intensify and convey other and serious maladies.

3. That statistics gathered from European States and from India establish the fact that small-pox (like the other members of the class of zymotic diseases to which it belongs) originates in and is fostered by insanitary conditions, and is only effectually combated by their removal; that vaccination is inoperative upon mortality where sanitation is defective and superfluous where sanitation prevails.

4. That enforced vaccination is an infraction of personal freedom, inasmuch as a conviction adverse to the utility of the practice is a matter of scientific conscience which is entitled to the same respect as is accorded in all civilized communities to the theological conscience.

PARALYSIS FROM NEURASTHENIA AFTER BILIARY COLIC.—Two cases of hepatic colic accompanied by severe neuralgic pain in the right arm, and followed by temporary paresis of both motion and sensation in the arm are reported by M. P. de Gennes in *La France Médicale* (No. 55). The neuralgia of the arm was considered as consecutive to a neuralgia of the phrenic nerve.

STINGS OF INSECTS.—The juice of the red onion is a perfect antidote for the stings of bees, wasps, hornets, etc. If applied freely soon after being stung, it gives almost instant relief. The sting of the honey-bee is always left in the wound, and should be extracted before applying the onion juice.—*Amer. Med. Jour.*

In the case of a little girl poisoned by belladonna, opium having been given without effect, eight grains of bromide of potassium were given every half-hour. After taking thirty-two grains the child became quiet and went to sleep. In a few days she was entirely well.

PRECOCIOUS DEVELOPMENT OF UTERINE CANCER.—In *Virchow's Archiv* (B. xcii. H. 1), Prof. Rosenstein reports a fatal case of carcinosarcoma uteri in a child two years of age, in which the symptoms had first been noticed three months before.

Magnesia carbonicum should be used in diarrhœa when the discharges resemble green scum, are of a sour odor, and accompanied with intense tenesmus.

Arctium lappa causes and cures pains in hands, knees, and ankles, extending from their several origins downward to fingers and toes.

A hot Sitz bath is a most efficient means in tedious labor, especially if the tissues are hot and dry.

Indolent ulcers are said to be healed by sprinkling them with lactopeptine.

Digitalis fills the arteries and empties the veins.

THE

AMERICAN HOMŒOPATH.

*A Monthly Journal of Medical, Surgical
and Sanitary Science.**Editor :*

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Our columns will always be open to a courteous and fair discussion of all subjects connected with our practice, as much as our space allows; but we do not hold ourselves responsible for the opinions of our contributors, *unless indorsed in our editorials.*

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New York.

EDITORIAL.

A man cannot escape from his shadow. Neither can he divest himself of the lessons of his own personal experiences.—FOSTER-ELL.

When the present editor assumed the management of the AMERICAN HOMŒOPATH he expressed the intention to endeavor to make this journal of value and service to its subscribers. How far he has succeeded it is not his province to estimate; but he has truly sought to present something of fresh and practical interest, something worth the reading and preserving, on each successive month. The range and bearing of what has been furnished will be seen at a glance, by referring to the general index accompanying this number. The arrangements for the new year include series of articles from several well-known

physicians, not heretofore contributors to these columns; various minor changes will be made, all contributing toward a greater usefulness; and, on the whole, the editor feels that he can promise for the journal a steady growth in practical value during the coming year.

* *

Milk as a carrier of disease is under discussion in the daily press, a number of cases of typhoid both in England and various parts of this country having been traced to the use of foul drinking water by cattle. Even in some of the model dairy farms of Orange County, where every thing is done with a view to the production of absolutely pure milk, where the cows are kept in well ventilated and clean stables, and are fed on wholesome, unfermented grains and hay, the water supply is contaminated with the barn-yard drainage. Dr. Seward, of Goshen, reports a case of such a farm, where the attempt to clean out a well developed the fact of a strong vein of water constantly flowing in at the bottom, which was so foul with the drainage of the yard as to compel the men to desist from their work. It is not a very reassuring statement that the milk from this farm is sold in New York in bottles as absolutely pure milk. We have not only had an unusual amount of typhoid in New York of late, but almost all diseases have shown a tendency to run into the typhoid condition. It may be possible that part of the fault originates in an impure milk supply. It is a question of momentous sanitary importance, and now that inquiry has been raised, will probably be satisfactorily remedied.

ABSTRACTS.

ONE OF THE PREVALENT DISEASES.

—In *The Lancet and Clinic* Dr. Tenner defines the now so prevalent disease commonly termed general paralysis as an affection of the anterior portion of the cerebrum—that part which the study of comparative anatomy and anthropology indicates to be the seat of intelligence, and which modern experimental investigations assume to contain the motor centres. The pathological anatomy, according to this writer, consists of changes in the membranes of the brain—usually most marked in the interior—as well as changes in the cortex and subcortical regions, affecting chiefly the anterior cerebral convolutions. Its earlier symptoms, he says, consist chiefly of morbid manifestations of intelligence, want of accustomed judgment, loss of memory, boastfulness, etc., and of failure of the motor functions occurring simultaneously and progressing correlatively with the mental disturbances.

PERILS OF THE HOT-AIR BATH.—

The hot-air bath, in all its varieties of construction and arrangements is a powerful agent for the disturbance of the circulatory system. The change effected may be good, or it may be bad, for the subject; but it can scarcely be inoperative. The heart's action is quickened; the tension of the blood-pressure is at first heightened, and then—if copious perspiration take place—it may be reduced. Speaking generally, there is a determination of the blood to the surface, leaving the central and deep organs less fully supplied than before. In this way, doubtless, local congestions are occasionally relieved by the bath. Under ordinary circumstances, the change effected in the distribution of blood and pressure is likely to be beneficial, but if the heart be weak, or the larger vessels rigid, it may happen that faintness ensues. Then something is done, either by the effusion of cold water on the ex-

tremities, or in one or more of several empirical ways, to drive the blood in again, and this endeavor may prove the last strain that throws the whole physico-vital apparatus of the circulation out of working order, and renders the continuance of the essential functions of life difficult or even impossible. We believe the Turkish bath to be most potent, and, when rightly managed, a useful agent for the control of the circulation; but it is necessary to warn the public against the reckless use made of it in cases the precise nature and peril of which are not understood. Except by the robust and thoroughly healthy, the hot-air bath should on no account be employed without express medical approval. Even this restriction is scarcely enough, because it may happen that the subject of a weak heart or abnormal blood-vessels regards himself as healthy, until the unaccustomed demand made on his organs of circulation by the bath discovers the weak place in his economy. It is not desirable to lay too much stress on those deaths which occasionally occur in, or after a visit to, Turkish baths. They are accidents in the use of the agency, and as such must be regarded as significant. At the same time, it is desirable that the dangers of the bath should be more generally understood than they would seem to be, and that the proprietors of these establishments should be required to instruct their managers and attendants to send at once for medical assistance whenever a visitor becomes faint or even momentarily unconscious. Such occurrences must need portend peril of death; and, however large may be the proportion of instances in which the "slight faint feeling" or "sleepiness" passes away, it is manifest that a grave risk is in *all* cases incurred, and a responsible medical man should be instantly summoned to aid the recovery. There ought to be nothing left to the discretion of the manager or attendant in such a case. Again, although it is easy to see that proprietors would prefer to avoid deaths

on their premises, no person who has been ill or even slightly unwell in the bath should be allowed to leave the establishment without being seen by a doctor. Further, we think the practice of *sleeping* in the hot rooms ought to be interdicted. There is always danger at the moment of awakening.—*The Lancet*.

A REMARKABLE OPERATION.—The Paris Academy of Medicine has been considering the remarkable operation performed by M. Ferlizet in the extraction of a spoon from a young man's stomach. By the use of the Faucher tube, introduced through the mouth, the stomach was first cleansed, thus preventing the risk of peritonitis, and an incision was then made in the epigastric region. In order to render the coat of the stomach easily accessible, M. Felizet fitted a spherical vessel containing ether to the end projecting from the man's mouth; this he heated by immersion in water of 60°; the ether vapor rushing through the tube filled the stomach, which, becoming distended, was brought forward to the wound effected by the operator's knife. The spoon measuring nine inches, was thus readily found and extracted.

CHRONIC VESICAL CATARRH.—Miss —, a young lady of twenty-one years, called at my office and related the following history of her case: For the past six years she has earned her living, working hard, and receiving, at least a part of the time, but scanty nourishment. During these years she has noticed a very large deposit in the urine. She never thought it an abnormal condition and did not pursue any kind of medication or treatment for it. In her ignorance, she even did not suspect anything wrong in the urinary secretion. The amount of deposit, she thought had changed but very little, and prior to the time mentioned above—while living at a home of plenty and a life of ease she had many of the

same symptoms that she complains of now, so that she is inclined to believe that this condition of the bladder has existed fully ten years; but she knows for a certainty that it is now something over six years. The symptoms in the case were few. The pains, sometimes present for a day or two at a time, and most always preceding menstruation, for twenty-four hours, were all intra-pelvic. There was some sensitiveness over the viscera; frequent micturition, and some days she voided large quantities of urine. For the past six months the appetite has been very poor. All foods would taste about alike. She craved nothing but perfect rest and quiet, and did not care even to eat. There were no thirst symptoms, occasionally some frontal headache, but usually this came after fatigue. She suffered from a dry form of nasal catarrh, and also had a slight hacking cough most of the time—expectorating but little of a stringy sputa. The tongue at its posterior third was coated of a brownish tint, and a bad taste in the mouth was constantly present. She had "lost heart," and while telling how discouraged she was in consequence of her condition of health, could not keep back the tears.

The analysis of her urine on the following day, of which eight fluid ounces were taken, gave nothing abnormal save the excess of deposit, which amounted to thirty-five per cent., and was of a pinkish gray color, dense, and precipitated rapidly. Under the microscope, each slide examined gave layer after layer of tessellated epithelium from the bladder, and of mucus corpuscles. No casts of the tubuli uriniferi could be found. The results of the analysis confirmed the diagnosis of chronic vesical catarrh.

Remembering some of my former experience in the treatment of cases of this kind with indifferent success, I could only promise a cure after a long course of medication. As her system was entirely free from all drug

action, I determined to try the effect of strict hygienic measures and a liberal beverage of mineral waters.

I requested her to call and report the progress of her case, and allow the examination of the urine at least once a month. I did not see her again until the expiration of five months, when she came with the following report: For two months she took the mineral water regularly three times daily, averaging a pint—and lived up to the prescribed diet, exercise, rest, bathing and warm dressing. At this time the deposit in the urine had entirely gone—for the first time, as she is positive, in over six years. The third month she drank only a wine-glass of the water at night, and, seeing no return of the deposit in the urine voided, the fourth month did not take any of the water. A day or two prior to menstruation, in the fifth month, there was a slight sediment. She drank the usual wineglassful at night on retiring, for three nights, and there has been no return up to date, now nearly a month.

My analysis of the urine, June 1st, shows that it is free from anything abnormal, and has only a slight flocculent deposit, such as is common in health. The patient now seems well in every respect. The mineral water used in this case was the "Clysmic Spring Water."—*The Clinique*.

ALKALOIDS IN THE URINE.—In the *Revue de Médecine*, Dr. Bouchat announces that he has succeeded in finding certain alkaloids in the urine in health. He believes that they are elaborated in the alimentary canal by vegetable organisms, the agents of intestinal decomposition. Those diseases as typhoid fever, which increase intestinal putrefaction, augment proportionally the quantity of alkaloids in the urine, and in proportion as this process is controlled by charcoal and other agents, the alkaloids in the urine are diminished. Hence he concludes that they are generally found in the intestine, and

are absorbed in part by the mucous membrane and excreted by the kidneys.

ECHINOCOCCUS CYSTS.—In the *Gazette Medica Italiana*, Dr. Borgherini reports at length three cases of echinococcus cysts, which he cured by withdrawing from two to eight ctgr. of fluid with a hypodermic syringe. Very slight febrile reaction followed each tapping. In a fourth case the procedure benefited but did not cure, and complete aspiration was necessary. The good results were not apparent till from one to two weeks after the tapping. He thinks the altered tension caused by the withdrawal of a small amount of fluid, and consequent disturbance of osmosis, by which the parasite obtains its nourishment, were the chief factors in the cases.

EFFICACY OF BROMIDE OF ETHYL IN SHORT OPERATIONS.—Dr. Chisolm thus describes the efficacy of the bromide of ethyl in operations on the eye:

"A little girl eight years of age, who had strabismus, was put on the operating table, and told that the folded towel containing a teaspoonful of bromide of ethyl would feel choky when placed over her nose, but that she should breathe it freely nevertheless. In perfect confidence she commenced to breathe freely from the towel placed over her face, and in twenty-two seconds by the watch she was fast asleep. The operation of dividing the faulty muscle did not occupy much more than one-half of a minute. After two minutes of sleep she awoke and expressed herself as not knowing what had been done. Within three minutes from the commencement of the inhalation, the child was perfectly awake and was ready to get from the table. When on the floor she walked at once to the chair, and within four minutes from the time that the anæsthesia was commenced, she was

engaged in pinning roses into the front of her dress, with a composure which showed not only no present discomfort, but also a complete oblivion of the experience through which she had just passed. In less than sixty seconds by the watch, an ugly deformity had been painlessly, perfectly, and permanently eradicated."—*Med. Record*.

RUPTURE OF THE PULMONARY ARTERY.—Dr. Arro reports in *Revista de Ciencias Medicas*, December 10, 1882, the case of a man who, while apparently in perfect health, was suddenly attacked with severe pains in the chest and clavicular region, extreme anxiety and difficulty of respiration. This condition lasted for thirty hours, when death suddenly occurred. At the autopsy, the chest was found filled with an enormous quantity of blood, which had escaped from a rent in the walls of the pulmonary artery, about an inch before its division, where it was thin and dilated.—*Gaz. Med. de Nantes*.

HERNIA REDUCED BY ELECTRICITY.—Dr. Suprunenko (*Wratsch*, No. 40, 1882,) reports the following case: A slight inguinal hernia which had been three hours strangulated resisted half an hour's taxis. A moderately strong induction current was then used. The positive electrode was pressed against the tumor, while the negative was applied first against the lumbar vertebrae, afterward over the umbilicus. The hernia at once diminished and in two minutes disappeared. In a second case reported by Dr. Pergamin, the patient, an eighty-year-old man, suffered from strangulated hernia for twelve hours. Two hours persistent taxis failed. The induction current was used for fifteen minutes without success. The current being still maintained manipulation was tried, and in about two minutes the bowel returned into the abdomen with a gurgling sound.

INVERSION IN CHLOROFORM SYNCOPE.—Eben Watson, M. D., senior surgeon to Glasgow Royal Infirmary (*Lancet*, March 10th,) asserts that the practice of inverting the body in chloroform syncope is "contrary to sound views of the physiology and pathology of the case," and ought to be abolished. The chief source of danger in these cases is syncope or sudden failure of the heart taking place either before suspension of respiration or simultaneously with it. In deep anaesthesia from chloroform there are always co-existent (1) a feebly acting heart, (2) an engorged state of the right side of the heart, and (3) a congested state of the lungs. In syncope all these conditions are exaggerated in an extreme degree. In inversion, which owes its general adoption to the great reputation of Nélaton, but is warranted by neither the accuracy nor conclusiveness of his experiment, the only blood which is "sent to the upper part of the body" is that in the veins of the lower part, and it must needs pass first through the right side of the heart and lungs before this can occur. But there is already too much blood in these parts, and to send more blood there is surely to aggravate the mischief. And if the venous blood in the neck and arms does get to the brain (in spite of the valves in the veins) it could only deepen the coma and increase the evil from the side of the nerve-centres. Dr. W. maintains that the best position here as in all syncope is the prone one, which best enables a feeble heart to send arterial blood to its own substance and to the brain, and that artificial respiration reinforces the heart by diminishing the blood which stagnates in the right heart and lungs. Dr. W. acknowledges to have seen inversion practiced successfully in several cases where temporary cessation of the pulse and respiration had taken place, but believes the recovery here was in spite of, rather than because of the inversion, for in as many similar cases where inversion was

omitted the same result ensued. In an experience of more than 20 years he has never witnessed a death from the agent.

IS IT OVERWORK OR FOUL AIR THAT TRIES US.—Some of us think ourselves tired from over-work when we are poisoned by devitalized and foul air. To breathe air deprived of its due proportion of oxygen and filled with foulness from our own and others' breathings, and the constantly outgoing gases from the surface of our bodies is to live in an atmosphere of death. We become tired, and listless and generally unstrung, and say we need rest when we are weakened by the want of oxygen and diseased by impurities. We keep the windows shut and close the doors on health and we lift the gratings of the tomb by breathing deadly poison. Let us open the windows and invite the sunshine and the breezes to come in; expand our lungs and drink in vitalization; bathe in this energizing air by keeping open the pores of the skin and taking plenty of exercise. Instead of living in the glorious, pure, bright sea of air surrounding us, we too often pine away in its cess-pool or stagnant ponds. Let us appropriate what God gives so bountifully, and we shall find that oftener than we now think, what has heretofore worried and tired us was not over-work but the unhealthy atmosphere of our offices.—*Keystone Medical Journal*.

AN UNDESCRIBED DISEASE OF INFANTS.—Dr. Riga (*Movimento Med. Chir.*) has observed a pernicious disease of the mucous membrane of the child's mouth. It consists of the formation of a false membrane between the end of the tongue and the frænum. The membrane is round and small. Children, in whose mouth this appears, lose strength rapidly, refuse to nurse, and ninety per cent. of them die. The disease has been observed only in summer and is always associated with intestinal ca-

tarrh. It lasts from two to eight weeks. It is found in children only during the first dentition, it is not contagious, but appears to be infectious. In the Terra di Levoro the disease has been an endemic for sixty or seventy years. During the past decade there has been no diphtheria in that region. No scientific study of the disease or membrane has yet been made.—*Phys. and Surg.*

REMONSTRANCE OF AN ASYLUM SUPERINTENDENT.—On the suggestion of a doctor that those who associate with the insane transmit the disorder to their offspring.

Dear Doctor, I beg you—I pray you—don't tell us

That you really believe in an insane bacillus! That in mingling with patients we're breathing an air

Full of germs of mad phrenzy and hopeless despair:

That, although our own minds may seem perfectly sane,

Parasitical growths will forever remain

In our system, infecting the blood and the brain;

So that, if, by good luck, we ourselves don't go mad,

The child will inherit the germs of its dad!

Already, in truth, are our troubles enough.

Without being told this nonsensical stuff,

In peril from blows, in peril from flurry,

In peril from fire, in peril from worry,

In peril from Lunacy Board and Committee;

Are these not sufficient, dear sir, in all pity?

Forbear then to talk, I beseech you, until I

Have time to examine these wretched bacilli.

But if you insist on such growths diabolic,

Pray send me a bottle of mental carbolic.

British Med. J. weekly

THE MEDICAL "PARTINGTONS."—It is amusing to see the efforts of the Dame Partingtons in the Massachusetts Medical Society to sweep back, with their stubby old brooms, the ocean of progress. They won't admit women physicians to their membership, though a majority of the society is ready to receive them, and thousands of the most refined and cultivated women of the land are joyfully welcoming thoroughly educated physicians of their own sex to their

sick rooms. And they won't "recognize" any other 'pathy, if they die for it, though a large and growing percentage of the intelligent classes is employing homœopaths and other so called irregulars, and their sick ones persist in getting well under this treatment a great deal more comfortable than under the old school, and in quite as large a proportion. A professional man must value his independence at a low figure, when he permits an association to dictate to him whom he shall consult with.—*Boston Herald.*

FUNCTION OF SPLEEN AND BONE MARROW.—Dr. Theo. Korn (*Virchow's 5 Arch.*, lxxxvi, p 406), examined the hæmatogenesis in pigeons, withdrawing from a series of animals, in intervals of five days, from five to seven grms. of blood; he then repeated the same experiment in animals the spleen of whom had been removed four weeks before. The normal power of resistance of pigeons against venesection was not diminished by the extirpation of the spleen. In the first series, Korn demonstrated, in every case, atrophy of the spleen. In both series the observation was made that the marrow of the bone became richer in blood, while a great part of its fat seemed to be absorbed and made use of for other purposes. While these experiments clearly show that the spleen, at least in birds, is of no importance for the regeneration of the blood, they demonstrate the fact that the marrow of the bones undoubtedly participates in the formation of this fluid, which is the more apparent in birds, as many of their bones do not contain any marrow at all.—*Medical and Surgical Reporter.*

LITERATURE.

Prof. Kippax has printed in a handsome volume the lectures on fevers* which he delivered last Win-

ter at the Chicago Homœopathic Medical College. Prof. Kippax not only favors the parasitic theory of disease, but he goes beyond this and suggests, from the extreme lightness of the bacterium, that we are indebted to other worlds than ours for the appearance in our midst of epidemics and of new pathological types. A poor little micrococcus born on the south-west corner of Jupiter, in the Spring-time of its youth wanders away from home, and unable to find its way back, continues on its lonesome way until it at last finds a congenial nidus in the person of some terrestrial being. Here it speedily shows its malignant nature, poisons the blood (according to Astrologers Jupiter causes blood disorders), puzzles the poor doctor, and succeeds in making everybody most uncomfortable. It makes us very sad to think that such things can be.

It is rational that so ardent a believer in microphytes should also admire the operation of introducing virus into the blood of little children to protect them against a disease to which they may never be exposed, and which the small-pox hospital reports show is just as fatal now as it was a hundred years ago among the unvaccinated, and yet of these hospital patients more than ninety per cent are vaccinated and re-vaccinated cases.

Prof. Kippax classifies fevers as miasmatic or infectious, miasmatic-contagions or contagious-infections, and contagions. His arrangement under each heading is methodical and he is neither too brief nor too verbose, his style showing the results of voluminous reading well digested. The text is amply illustrated with a valuable and interesting set of charts and diagrams, which are quite suggestive in their way, and which will greatly help the student in memorising the characteristic features of the various fevers, and enable him to readily and intelligently differentiate between them. While we must broadly dissent from the author in

**Lectures on Fevers.* By John R. Kippax, M. D., LL. B. 800, pp. 460. (Chicago: Gross and Delbridge.)

some of his theories, we fully concur in the essential of treatment and in his hygienic and dietetic treatment. In these matters Dr. Kippax is a safe and reliable guide.

The book presents a goodly appearance, but its usefulness is somewhat marred by a faulty arrangement of the running titles on the top of the page. Every book should show wherever it is opened, by means of its running titles, just what the author is talking about. Open this book anywhere and the chances are there will be nothing to indicate to the eye, which of the fevers is there referred to. This faulty indexing comes from carelessness and not from ignorance, as the general index at the end of the volume is a particularly good one.

Readers of general medical literature have long known F. N. Otis as a vigorous writer on venereal. Dr. Otis may almost claim title as the inventor of the modern ideas upon syphilis. He has for many years contended that the syphilitic virus entering the system through a breach of continuity of the integument, was absorbed only by the lymph vessels. That infecting those brought into juxtaposition with the virulent cell it spread to the nearest gland and reached the blood only through the réceptaculum chyli and thence into the subclavian vein. That destruction of the local sore by caustics was always ineffectual in preventing constitutional infection, as the virus had alwas travelled inward along the absorbents for a considerable distance before there was any abnormal appearance at the point of entrance. That curative measures alone consisted in hastening tissue change and causing fatty metamorphosis of the involved structures. And that this could be accomplished by doses of mercury too small to affect the physiological life of the healthy portions of the body. These ideas persistently taught by Prof. Otis have at last, through much opposition, won their way to almost universal

acceptance, and are now presented, illustrated by many cases, in a large and attractive volume.* Prof. Otis is intelligent upon his subject, candid in his statements, minute in the description of pathological changes, earnest in the advocacy of his ideas and theories, and has therefore produced a very readable and useful work.

Gout, while by no means unknown in this country, does not possess that interest for practitioners here that it has always held in England. Nevertheless the reprint of Fothergill's classic monograph† will be read with appreciative care by all who desire to thoroughly understand this disorder. Probably no one in our day is better fitted to speak authoritatively upon this subject. Beginning with the morbid manifestations exhibited in the blood and urine, he shows the pathological changes wrought by the gout-poison in the various tissues, traces the course of the disease, and outlines the treatment hygienic and otherwise that he has found beneficial.

Dr. Shulldham's well-known little work‡ on family practice has reached its sixth edition. It is a useful and well-arranged compilation.

Funk and Wagnall's Standard Library consists of valuable books issued bi-weekly at five dollars a year. The recent volumes are *Historical Sketches*, by Froude;§ *Jewish Artisan Life*, by Prof. Delitzsch;|| *Scientific Soph-*

* *Practical Clinical Lessons on Syphilis, and the Genito-urinary Diseases.* By Fessenden N. Otis, M. D. 800, pp. 584. (New York: Bermingham & Co.)

† *Gout in Its Protean Aspects.* By J. Milner Fothergill, M. D. 12 mo., pp. 303. (Detroit; George S. Davis.)

‡ *The Family Homœopathist.* By E. B. Shulldham, M. D. Sixth edition. 16mo, pp 152. (London. E. Gould and Son).

§ *Historical and Other Sketches.* By James Anthony Froude. Edited by David H. Wheeler. 12mo, pp. 288. (New York: Funk and Wagnalls.)

|| *Jewish Artisan Life in the Time of Jesus. According to the Oldest Sources.* By Franz Delitzsch, D. D. Translated by Rev. Bernard Pick, Ph. D. (New York: Funk and Wagnalls.)

isms, by Dr. Wainwright,* and Flowers from a Puritan's Garden, by Spurgeon.†

The physician's visiting list issued by Blakiston, of Philadelphia, is now in its thirty-third year. It is a handy volume for the physician's pocket, and is much liked by all who use it.

In our notice of Hammond on Impotence (Birmingham & Co.), a careless proof-reader made us say that he gave sulphate of strychnia in grain doses. It should have been one-tenth grain, and was so written. The context, however, would show that the former dose was an obvious misprint.

ITEMS.

According to M. de Chardonne persons who are deprived of the crystalline lens in order to cure cataract perceive the ultra-violet rays more readily afterwards.

According to M. Poehl, of the Russian Chemical Society, almost all the tissues of animals and plants have the power of converting albumenoid matters into peptones.

Syphilis, and even the venom of serpents, in the opinion of such physicians as M. Robin, may be regarded as prophylactics against the malignant fevers of hot climates.

Dr. F. H. Orme, of Atlanta, Ga., we are glad to hear, is rapidly recovering from the effects of an accident, by which both arms were broken.

Dr. Constantine Lippe is preparing a second edition of his valuable Repertory, and incorporating with it Benninghausen's Repertory which has never hitherto been translated into English.

Dr. Charles Deady, of the New York Ophthalmic Hospital, reports that the average daily attendance of patients during October was 162, and the aggregate of prescriptions for the month was 4195.

The aggressiveness of American enterprise received a very striking illustration at

**Scientific Sophisms. A Review of Current Theories concerning Atoms, Apes, and Men.* By Samuel Wainwright, D.D. 12mo, pp. 312. (New York: Funk and Wagnalls.)

†*Illustrations and Meditations; or Flowers from a Puritan's Garden, Distilled and Dispensed by C. H. Spurgeon.* 12mo, pp. 285. (New York: Funk and Wagnalls.)

the late International Pharmaceutical Exhibition held at Vienna, in the display of products from the laboratory of Parke, Davis & Co., of Detroit. This display, while exciting interest from its scientific features, attracted more than ordinary notice from its artistic beauty and finish. The royal visitors manifested unusual interest in this exhibition of American taste, and took occasion to especially compliment the firm, through its representative, on its enterprise and skill. We congratulate Messrs. Parke, Davis & Co. on this recognition of the artistic excellence of their laboratory products. Their intrinsic worth has long been conceded by the profession. The gold medal awarded by the Vienna Exhibition is but an endorsement of the esteem in which this house is held in this country, where it is best known.

We give our preference almost exclusively to Listerine as an antiseptic in the puerpera. The objects to be attained in the use of vaginal washes after confinement are, first, to secure cleanliness; second, to arrest and prevent putrefaction; and last, but by no means least, to promote early, healthy action in the lacerated soft parts—channels through which septic matter may be absorbed. The importance of this early reparative action cannot be overestimated, as it is a well-known fact that with the healing process once begun, septic virus is repelled, in lieu of being absorbed, as is the case before healing begins of which the abraded surfaces have taken on unhealthy action. We had long employed the carbolic acid for the purposes above enumerated, but observing disagreeable constitutional influences from its use, we selected Listerine, which promptly promotes the reparative process, and substitutes an agreeable perfume for a noxious odor.—Prof. F. L. Sim, M. D., in *Mississippi Valley Monthly*.

In 1882, the Supreme Court of Rhode Island, by Final Decree, enjoined W. H. Hughes, T. S. Hughes, and the Hughesdale Man. Co. from offering for sale "Acid Phosphate," so-called, in any package which shall be a substantial or colorable imitation of Horsford's Acid Phosphate.

Sept. 24, 1883, the Court decided that W. H. Hughes and T. S. Hughes had violated said Injunction by selling the "Hughes Acid Phosphate," so-called, and the Rumford Chemical Works again warn all persons from selling any imitation of Horsford's Acid Phosphate.

With reference to the above, it affords us pleasure to note the recognition by the Supreme Court of the rights of said corporation. The disreputable and growing practice of infringing upon well-known and meritorious articles, after they have acquired reputation, popularity and value, should be discountenanced by all respectable dealers, as it is by the Courts, and a wilful fraud upon the community should be everywhere condemned.



